# MILITARY CHAPLAINS' REVIEW

1973

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VOL. 2, NO. 3

AUGUST, 1973

# PREFACE

The *Military Chaplains' Review* is designed as a medium in which those interested in the military chaplaincy can share with chaplains the product of their experience and research. We welcome articles which are directly concerned with supporting and strengthening chaplains professionally. Preference will be given to those articles having lasting value as reference material.

The *Military Chaplains' Review* is published quarterly. The opinions reflected in each article are those of the author and do not necessarily reflect the views of the Chief of Chaplains or the Department of the Army.

Articles should be submitted in duplicate, double spaced, to the Editor, Military Chaplains' Review, United States Army Chaplain Board, Fort George G. Meade, Maryland 20755. Articles should be approximately 10 to 20 pages in length and, when appropriate, should be carefully footnoted.

Use of funds for printing of this publication has been approved by Headquarters, Department of the Army, 7 September 1971.

# IN THIS ISSUE

The quality of the material presented in this issue is indeed a tribute to the professionalism of the Chaplaincy. The sensitivity and insight which characterize each of the articles indicate that these are young chaplains who will be formulating ideas and stimulating innovation for the years ahead.

Since the assumptions we make about the nature of a problem influence everything we do to solve that problem, clarity in perception is important if we are to meet the needs of those to whom we minister. Equally important, once the problem has been clearly defined, is the ability to be an effective agent in the process of making men whole again.

Chaplain (CPT) John H. Reed's special area of interest is the marginal soldier. In his article he discusses the program he successfully has developed in helping marginal soldiers to become mature persons and thus better soldiers. His approach is to use ongoing group counseling sessions which are understood and supported by the command. Marginal soldiers exist in every unit and ways must be found to help them. Merely returning them to civilian life is not the answer. Positive approaches—such as that suggested by Chaplain Reed—are needed.

In the next article Chaplain (CPT) Donald W. McSwain shares the product of his counseling research and work with amputees. The fractured world of the amputee can be reconstructed and made whole, especially when skillful chaplains enter cautiously and sensitively into the holy place of a person's shattered being to help him find the way back to a meaningful life. Chaplain McSwain assists us in understanding and ministering to such a person. Much of his article can be applied as well in working with patients having other kinds of serious illnesses.

In the hospital setting, chaplains work with other health care professionals in serving the whole man. Chaplain (CPT) Carl R. Stephens explores their relationship to each other and concludes that persons working in these areas can meet on a common ground, namely, the shared heritage of the Judeo-Christian tradition. This heritage raises ethical questions and supplies general answers so that physicians and chaplains can work naturally together as members of the same team. Clinical pastoral education helps the chaplain on that team to nurture the patient's relationship toward God and man—thus enhancing the patient's total health.

The first step one must take in relating well to persons who adhere to faiths other than one's own is to understand them from their viewpoint. In this issue Chaplain (MAJ) Arthur J. Pearce

describes the Black Muslim religion—its history, beliefs and practices—so that chaplains can counsel soldiers of this faith wisely. Understanding people from their perspective is also an issue raised by Chaplain (MAJ) George W. Alexander in his article on Racism and the Chaplaincy. Chaplain Alexander discusses both institutional and personal racism and rightly insists that chaplains need to understand and deal with both. Religious programing is one important area where chaplains can reduce racism and promote community integrity.

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# HELPING THE MARGINAL SOLDIER

Chaplain (CPT) John H. Reed

The Army will always be faced with a significant challenge: How to maintain well-disciplined, mission-oriented units and at the same time develop stable, self-fulfilling individuals within these units. This challenge is being met by innovations coming from the Department of the Army. The Human Self-Development Program, the Drug and Alcohol Abuse Program, and the Race Relations Program all focus interest on various needs of the individual. In addition, concepts stemming from the Voluntary Army (VOLAR) attempt to correct problems of dehumanization and low motivation which arise out of the Army's bureaucratic structure.

Within the last six years I have been closely observing the dynamics of human behavior within battalion-size units (700–1,000 men plus their dependents). The general effect of various attempts to better the conditions of the individual soldier is positive. Great strides have been made in race relations, in motivational techniques, and in preserving the dignity of each man. But there are still many unsolved problems. One of these concerns the "marginal soldier," the person who does not function well in his unit. The purpose of this article is to discuss one approach which has worked well in helping him to become a mature person *and* a better soldier.

## THE PROBLEMS OF THE MARGINAL SOLDIER

Coleman's clinical description illustrates the problems characteristic of the marginal soldier.

> First, he may have an inadequate conscience and lacks concern for others. He is self-centered and has no guilt when he offends others. Secondly, he shows irresponsible and impulsive behavior. He has a very low frustration tolerance. Thirdly, he has the ability to put up a "good front" to impress and exploit others and to project the blame for his own socially disapproved behavior. Fourthly, he lacks the ability to maintain good interpersonal relationships; and fifthly, he rejects authority and is unable to profit from experiences of others.[1]

The marginal soldier does not cope constructively with the stresses of military life. He continually causes disruptive behavior in his unit and reinforces his own negative behavior patterns. He thus more and more becomes a liability to himself and his unit.

Army psychiatrists and clinical psychologists treat those who

[1] James C. Coleman, *Abnormal Psychology and Modern Life* (Gliemco, IL: Scott, Foresman and Co., 1964, 1972) p. 367.

Chaplain Reed is stationed in Germany where he serves as Battalion Chaplain with the Second Air Defense Battalion (Vulcan-Chaparral).

have *serious* difficulties coping with problems. Their time and resources are focused on *noncoping* people. The problem with the marginal soldier, however, is that he *does* cope—marginally, if not normally. He does not have to be hospitalized. He remains, therefore, in the same environment which contributes to many of his difficulties, thus creating problems for his peers and supervisors. Commanders must spend so much extra time with this individual that their attitudes gradually become hostile and negative toward him. This attitude of hostility and frustration is sensed by the marginal soldier, which in turn makes him feel less worthy and more defensive. Destructive behavior patterns increase, eventually leading to judicial action resulting in courts martial, prison terms, and an undesirable discharge. Since Army records follow soldiers into civilian life and affect employment patterns there, the marginal soldier becomes a marginal civilian. Everyone loses.

Whenever the Army finds positive ways to help the marginal soldier, several results occur. First, the soldier begins to find health and maturity and becomes an asset to himself and to the society in which he finds himself—whether military or civilian. Second, his positive behavior changes the attitudes of his supervisors so that more creative interpersonal relationships develop. And third, with better interpersonal relationships between supervisors and men, the military becomes much more efficient as men work together rather than against each other.

If solutions are to be found, they must be found in the small unit where the soldier is assigned. The unit must deal effectively with its men. For too long the trend has been to transfer the marginal soldier to another unit. That solution, however, only creates more problems. Since another unit is no better equipped to help him, his frustrations merely increase—to the detriment of the man, his new unit and the Army. Thus the Army practice of rehabilitative transfer is generally unsuccessful in helping this type of marginal soldier. The individual's unit, therefore, must become creative and initiate its own solution.

Local commanders and their chaplains can initiate two programs. First, they can establish programs which will help supervisors to become sensitive to the problem. Many supervisors are so mission-oriented that they have no "feeling" for the delicate area of interpersonal relationships. They equate success with mission accomplishment to the degree that the end justifies the means even if the means negate all the principles which further the enhancement of personhood. This attitude is dangerous in that it destroys the possibility of the marginal soldier finding a healthy environment in which to grow and mature. The first

program, therefore, must assist Army leadership in becoming sensitive to the "human needs" of people. This can be accomplished by involving supervisors in a group dynamics experience—perhaps in one two-day workshop per month. Key personnel, both officers and enlisted men, need help and should be involved. Two days of significant encounter examining and experimenting with concepts of general interpersonal relationships should have a positive effect on those in the group. This workshop could be an ongoing session held each month, perhaps rotating to different units in the battalion. By the end of one year most of the supervisors would have benefited from the experience of being in the encounter program. Their attitudes would change or at least be affected—and their understanding of human nature and needs would be deepened. This concept has been initiated by industry in the last few years and has had successful results in stabilizing management. This program would partially solve some of the problems of the marginal soldier—especially those which stem primarily from the attitudes of others toward him. Just as negative attitudes will tend to drive him into deeper depression, positive attitudes are the beginning of real help and health.

The problems of the marginal soldier are also rooted in his feelings toward himself and his inadequacy in coping with the hard realities of military life. The remedy for this problem lies in the following thesis: Men in trouble can find strength, insight, and health by honestly sharing their lives with others. Sharing on this level is the second program which commanders and chaplains can initiate. One of the major reasons why these men are marginal soldiers is that they have been thrown into an impersonal bureaucratic system which has treated them as something considerably less than human. It is this depersonalization in the military which has helped reinforce inappropriate and destructive behavior patterns and attitudes. Therefore, if they can become members of a group in which encounter is real and honest, they may again begin feeling like significant persons, and they may thereby be able to modify their values and behavior.

> The human encounter is when we meet ourselves or others in the process of our emerging humanity. The human encounter is an appointment for the sharing of love. Other words for love are words like regard, admiration, interpersonal relationship, respect, acceptance, and understanding.[2]

The incorporation of these concepts into his life is what the marginal soldier needs.

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[2] Terry O'Banion and April O'Connell, *The Shared Journey, An Introduction to Encounter* (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1970) pp. 8–9.

## PERSONAL INSIGHT DISCOVERY

Ongoing group counseling sessions which meet for the purpose of helping to strengthen the marginal soldier are being carried out as a pilot project in my unit. The program is called *PID (Personal Insight Discovery)*, a name which avoids the negative reaction so often experienced when words such as *therapy* or *sensitivity* are used.

The hypothesis underlying PID is that the marginal soldier will receive help from the experiences of group dynamics. Research studies show that

> there is strong evidence that intense group experiences have therapeutic effects. Changes do occur in sensitivity, ability to manage feelings, directionality of motivation, attitudes towards the self, attitudes towards others, and interdependence.[3]

Group counseling is a tool that can bridge the gap in meeting the needs of the soldier who is not so unhealthy that he has to be removed from the unit and hospitalized, but who nevertheless does not function as a positive, creative, helpful part of the unit. Group counseling has been defined as

> a dynamic, interpersonal process through which individuals within the normal range of adjustment work within a peer group and with a professionally trained counselor, explaining problems and feelings in an attempt to modify their attitudes so that they are better able to deal with developmental problems.[4]

Group counseling has three basic purposes:

> First it can provide opportunities for learning essential self-direction with respect to educational, vocational, and personal-social aspects of life. Secondly, it can provide opportunity for the therapeutic effect of group procedures through the perspectives gained from the study of common human problems and through the release of emotional tensions, increased insight into personality dynamics, and creative redirection of energy through group study of these common human problems in a permissive atmosphere. Finally, group counseling can implement individual counseling and reduce it more effectively through background study of common aspects of problems and the reduction or elimination of many emotional barriers to the discussion of unique aspects of common human problems.[5]

In helping the marginal soldier, military authorities and counselors at this point have a common goal. They both desire behavior change. Their reasons perhaps differ in that military authorities desire change in the marginal soldier so the mission

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[3] Carl Rogers, *Encounter Groups* (New York: Harper and Row, 1970) p. 118.
[4] Margaret E. Bennett, "Guidance and Counseling Groups," in *Fundamentals of Counseling*, Bruce Shertzer and Shelley Stone, eds. (Boston: Houghton Mifflin Co., 1968) p. 448.
[5] *Ibid.*, p. 447.

of the unit can be accomplished with maximum efficiency and minimum friction, whereas counselors are more concerned for the health and positive development of the individual as a human being. But all agree that positive change is desirable. Coleman points out that treatment for persons having character disorders (psychopathic personalities) is shifting from traditional psychotherapeutic approaches to more behavioral methods. It is this shift to learning theory in treating people who exhibit antisocial and resistant behavior that makes group counseling such an exciting approach.

In "Principles of Behavior Modification," Bandura has cited three steps for effecting changes in antisocial behavior through the application of learning principles.

> (1) The modeling of desired behavior by "change agents" (the therapist and/or other behavioral models, people in the group) and the use of a graded system of incentives, or reinforcers to reward the antisocial individual for imitating such behavior;
> (2) The gradual transfer of evaluation and reinforcement functions to the antisocial individual himself, so that eventually he evaluates his own behavior and rewards himself accordingly; and
> (3) The reduction of material incentives and awards as the individual's behavior is increasingly brought under control of self-administered symbolic rewards. Essentially, the objective is to help the antisocial personality develop internalized controls that will minimize the need for external constraints and rewards. An important facet of this approach is providing situations in which the psychopath models desired behavior for other individuals in treatment; he thus functions as a "change agent" or therapist in helping others, while also furthering the long-range modification of his own behavior patterns.[6]

These three steps can partially be achieved through group involvement. Behavior modification can clearly be motivated by peer reinforcement, especially in group dynamics. The unit commander, however, must develop a system of incentives which will be essential in the beginning stages of treatment but which will not be needed as the individual internalizes his rewards. The group may even suggest incentives to the commander. The group leader must carefully and thoroughly brief the commander on this aspect of rehabilitation and work closely with him throughout the treatment in supervising and gradually reducing the behavior incentives that are needed as the soldier internalizes them.

The question now arises: What type of group structure would best be suited for this type of program? Remember that the two major goals involve changing the man so that he can see himself as a positive, constructive human being and changing

[6] In Coleman, *op. cit.*, p. 375.

him so that he is able to cope with different situations with acceptable behavior. Thus, inner change and behavior change are the goals. Gratton C. Kemp categorizes groups into five types.[7] They are the authoritative group, the democratic group, the group-centered group, the National Training or T Group, and the basic encounter group. These groups differ in their methods of learning and their techniques of counseling. All groups, however, have some theoretical input or content and each to a varying degree is therapeutic. There is a continuum starting on the left with the authority group and going to the encounter group on the right. The groups to the left are considered to be primarily educational because of the emphasis on learning content; the groups to the right become primarily therapeutic because of their emphasis on self-understanding, understanding others, and resolving of conflicts. Therefore, one needs to keep goals in mind when deciding what basic structure to use.

Where the leader "is" constitutes another factor in choosing the group structure. The process will probably be as permissive or structured as is comfortable for the leader. How helpful the leader is to the group depends on how authentic and genuine he is. Other things being equal, a dominant person is a dominant leader; an accepting, trusting person is an accepting, trusting leader. Rogers sums it up as follows:

> If he behaves in some way that is not natural for him, simply because he feels that he should do so, this is quickly sensed by the group and damages the group's atmosphere.[8]

In choosing the structure of the group, therefore, the chaplain must consider goals and the structure in which the group leader feels the most comfortable.

Several other factors need to be taken into account when dealing with the military. The marginal soldier—not a self-starting, creative person—needs leadership. Yet he is so negative and hostile toward the establishment and authority that the leader must be extremely careful to be warm and accepting. Furthermore, the Army unit commander usually wants to see behavior changes as quickly as possible—which can only be accomplished by utilizing a learning approach to therapy. The marginal soldier, however, needs to know himself and begin to have good interpersonal relations—which can best be achieved by using a group therapeutic process. Given this mix of factors, the group-centered approach is probably the best structure.

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[7] *Foundations of Group Counseling* (New York: McGraw-Hill Book Co., 1970).
[8] Kemp. *op. cit.*, p. 78.

Kemp sums up the purpose and goals of the group-centered process in the following way:

> The analysis is on the release of the group's potential capacities and the development of the members' independence and self-responsibility. The goals will be determined by the group and their success will require the following conditions: (1) an increase in participation, (2) a decrease in barriers to free communication with and among the members, (3) a non-threatening climate and genuine acceptance. The leader in part facilitates the development of these conditions through his genuine caring and belief in the capacities and values of the members. With these conditions met, the following objectives will be achieved: (1) skill in critical thinking, (2) ability in cooperation, (3) a degree of sensitivity to the feeling and needs of others, (4) self-reliance and responsibility to oneself and others, and (5) understanding of self and the group-centered process.[9]

If these objectives can be realized, the Army's problem with the marginal soldier will be reduced as these men become creative, functioning persons.

## OPERATING THE PID GROUP

There is a question, however, which must be faced realistically, namely: Will the marginal soldier enter this program with the positive attitude which is necessary if group work is to be healing and profitable to him? Shertzer and Stone point out that not all individuals are suited for group counseling. "The very aggressive, the extremely shy, and the seriously maladjusted make poor members of a "normal group." [10] Some marginal soldiers have these characteristics—especially aggressive hostility toward the military. Furthermore, marginal soldiers often define help as "getting out of the military"; anything other than that is seen as further harassment.

In order to put theory into practice in helping the marginal soldier, an experimental group was held in the summer of 1972. One of the first problems involved motivating men to want help enough to enter the group—help of an interpersonal, inner growth nature. Two approaches were made in an attempt to solve this problem. In the first approach the group leader contacted the men being considered for therapy. The leader established rapport with each person and asked him if he would like to try a new approach to helping men in the military. The men responded with reserve—but with positive reserve—and they eventually became a positive force within the group. The

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[9] *Ibid.*, pp. 92–93. Readers who are familiar with the "Indiana Plan for Adult Education" will recognize the similarity between it and the group-centered approach.
[10] *Op. cit.*, p. 457.

second approach was to have the selected men report to the group setting by order of the commander—without any explanation. These men were negative, hostile and resentful; they were destructive to the group process. Three refused to come back. Three others left and came back, but it took three weeks for their anger and resistance to subside. It is therefore crucial to the success of the group that the right approach be used. It is important that the leader first meet with them two or three times to establish rapport. Then they can be introduced into the group. Some men, of course, will have to be dropped from the group and instead be seen individually.

The strategy for getting the group started is three-fold. First, the counselor makes the initial contact, spending sufficient time to establish a workable relationship with each person. Second, the counselor introduces him to the group concept and enrolls him for four consecutive weeks. Third, after the fourth session an evaluation is made both by the counselor and the counselee concerning what further action should be taken. If the group process is working, it should be continued; if it is too much of a threat, other types of help should be considered.

Another problem area which may arise and which must be considered is the homogeneity of the group in terms of anger.

> The immediate reaction of the organism to the emotional stress of frustration is typically one of anger. Physiological arousal in anger seems to energize the attack response and to intensify aggressive action—to help the organism meet its need through attack upon and removal of the obstacle. Where the frustration continues or the individual is confronted with a succession of frustrating situations stemming from the same source, anger gradually blends into hostility. In a general sense hostility may be viewed as prolonged anger. It involves an increased drive toward destruction, damage or hurt to the object viewed as the source of frustration. . . . In many respects, anger and hostility are difficult emotions to deal with. Both involve tension which demands discharge, yet the conditions of civilized living permit few direct outlets. Consequently, such tension is often discharged in fantasy and other indirect and deviant but safe outlets. However, where hostile feelings are not allowed expression, where they are suppressed, problems often result.[11]

When the majority in the group has the same feelings of frustration, anger, and hostility, all directed at the military establishment, can anything positive come from this common anger? Will they not simply reinforce each other's displacement of anger rather than dealing with it realistically? The leader must be willing to deal with their anger; more import-

[11] Glen A. Holland, *Fundamentals of Psychotherapy* (New York: Holt, Rinehart and Winston, 1965) p. 165.

antly, he must know how to deal with the dynamics in the group so that this negative emotion does not reinforce the maladjusting coping mechanism in the member.

Positive feedback is also important. Who in the group is going to give positive feedback so that ideas and feelings can be funneled into constructive directions, especially in the first few sessions? It was the experience of this first group, held during the summer of 1972, that the leader was the only person who had positive values and a strong ego and was willing to reveal his strengths and positive values. The leader stood alone against a group of negatively oriented people. When he would suggest some positive issues, the group would quickly reject it as either propaganda, manipulation, or irrelevant feeling compared to where they were. The best way to resolve the problems of group anger and negative reinforcement is to add control people to the group. Control people should possess strength, be accepted by their peers, and be positive in their general orientation to life, responsibility, and interpersonal relationships. Control group members should be classified as co-leaders to the group. Complete honesty is necessary for two reasons. First, the marginal soldier will know these men, since they are in the same unit, and he will wonder why they are in the group. Second, honesty can be a good model in showing marginal people that the group contains no mystery or hypocrisy.

Personal Insight Discovery Groups must have the full understanding and support of every leader from the battalion commander to the squad leader. Every leader in the unit must be aware of the program and be in support of it. This is a large task to accomplish, especially since the Department of Army has created so many programs that busy commanders must crowd into their schedules. "Another program" can create leadership resentment which, if picked up by the troops, will negate the program's effect. The two main reasons why the command must back the program concern *attitudes* and *logistics*.

Attitudes are learned spontaneously by others. The program will fail if any subordinate leader is not positive toward the marginal soldier—*really* wanting to see him helped so that he can function in the unit. The marginal soldier himself will be the target of ridicule for going to another battalion program. He will be accused of trying to get out of work. Those in charge will resist any type of help to get their men to the meetings. This negative response on the part of others will discourage this man from wanting to get involved. Leaders, therefore, must be educated and motivated to support the program with positive and expectant attitudes. One way to get leadership behind such

a program, as suggested earlier in this article, is to provide them with an encounter group experience, opening their minds to the potentials of group counseling. Positive attitudes will create interest in the program and will also produce referrals from the unit leaders to the group counselor.

Logistical support follows from leadership support. The group meets one afternoon a week. It is necessary for units to provide men with time off to attend and also to see that they have transportation to the group meeting. This help is essential. In last year's summer experiment group, several of the members failed to come because they could not get off work—either because of pressure from their supervisors or because they could not easily obtain transportation. The small unit, when it is supportive in these two areas, will encourage the soldier to attend, thereby showing him that it is interested in him as a person.

Another key in setting up Personal Insight Discovery Groups is the group leader. A number of qualified men in the military community are able to serve in this capacity. For best results, the leader should be someone who is *trained* in group counseling and who belongs to the unit. The chaplain would be an ideal person, if he has had experience in group counseling, because he is already involved in the unit's Human Self-Development Program. In addition, he has probably dealt with the marginal soldier in private counseling. However, the new Department of the Army Drug Abuse and Race Relations programs provide training for many people in group work, some of whom might become group leaders. Another option is to utilize a clinical psychologist or social worker from the medical facility as a resource counselor, but with the program established by the unit chaplain. Someone in the *unit* should be in control of the administrative work.

Two peer-agents should serve as co-counselors. Once again, they should be selected by the group leader from the local unit. The group leader can determine the qualifications for these helpers, but they should in general be warm, concerned persons who have enough maturity to be "giving" people.

Who are the members of the group? The unit commander and his staff should make recommendations to the group leader of persons in the command who are coping marginally. The leader should spend two or three individual counseling sessions with each man recommended and make the decision as to whether he would profit from the group experience. He should then make a four week contract with the individual, which commits him to the group for four weeks. After this time, an evaluation will be made concerning his progress in the group counseling sessions and whether he should continue. These evaluations are discussed

with the individual. If he is profiting by the process, he will continue for another four week period. Every four weeks an evaluation should be given and a new program for treatment determined. The writer feels that treatment does not need to be long-term. These evaluations offer the man the opportunity to leave the group and personally practice his new awareness and new strengths. Thus, the group should be open in the sense that new members can come whenever they wish and old members can drop out when they are ready. The fast rotation of men necessitates an open group concept.

The group meets weekly for two hours during duty time. The setting should be away from the unit in a neutral room where there are no distracting noises and people. Much has been written on the importance of setting in counseling, so that this aspect of counseling will not be developed further in this article. The above requirements will be sufficient for beginning a group; those who are interested in establishing a PID group are encouraged to read further on the topic of counseling and the setting.

Once the individual has been in the group for a period of time, the counselor should develop some incentives which he feels will assist the man in making behavior modifications. The counselor should work closely with the unit commander both in setting up these incentives and following through with the results. As the man becomes more and more healthy, these physical incentives can be reduced. Once again it should be emphasized that the unit commander must cooperate in sustaining the program, for part of the treatment will require his help.

## CONCLUSION

The strong, effective soldier differs from the marginal soldier in that, among other things, he knows himself and has the inner strength which enables him to adapt to pressures and different values that he faces daily. By becoming involved in the Personal Insight Discovery Group, the marginal soldier can also begin to gain insight into himself and strength for daily living. Thus he gradually becomes a significant person—to himself and thereby to others.

> The significant self is one who has come through the ranges of an insignificance-producing technology, has learned to accept and know himself, has come to appreciate his place in the scheme of things (nature and other people), and has learned how to integrate the various sides of himself in an authentic and honest fashion.[12]

[12] John H. Brennecke and Robert G. Amick, *The Struggle for Significance* (Beverly Hills, CA: Glencoe Press, 1971) p. 314.

The challenge is to those who have strength to help those who have not yet found their strength. The challenge is to the commander to begin solving his problem of the "marginal soldier" in a productive and caring way. Personal Insight Discovery provides one solution for today's Army and the marginal soldier.

# UNDERSTANDING AND MINISTERING TO THE AMPUTEE

Chaplain (CPT) Donald W. McSwain

The world of the amputee is often chaotic, fearful and uncertain—a world which has been seriously scarred or utterly shattered by personal tragedy. Yet it is a world which can be reconstructed and, in the deepest sense, made whole, especially with the skillful and sensitive help of chaplains who bring to that world a profound sense of the sacred—where life is rich and real and meaningful. The purpose of this article is to help chaplains understand the amputee and his struggles. In doing so, the chaplain has the privilege of being with him as he seeks to find his way back.

## BODY IMAGE

Almost two thousand years ago, the Apostle Paul wrote to the church at Corinth concerning church unity (1 Cor 12:12–27). He drew the analogy of the church to the human body, showing that the body is composed of many parts functioning as a whole. When one of these parts is unable properly to perform its function, the whole body suffers. To understand the amputee, it is important to recognize that anything which alters a part of his body will affect the entire concept of who he is.

> The image of the human body means the picture of our own body which we form in our mind, that is to say, the way in which the body appears to ourselves.... The body schema is the tri-dimensional image everybody has about himself.[1]

Although some parts of the body are more significant because of their performance than their appearance, all parts have some narcissistic importance, with some having a higher narcissistic value than others. The loss of any of these body parts—or function of body parts—is certain to arouse deep emotions: personal adaptation is painful and slow. "We know from ample clinical experience that neither parts nor functions can be given up without arousing deep conflicts." [2]

If a sudden change occurs in the body image as the result of a surgical procedure, an accident, or a physical disorder, it

[1] Bernard Schoenberg, *Loss and Grief: Psychological Management in Medical Practice* (New York: Columbia University Press, 1970) p. 120.

[2] Gregory Rochlin, *Griefs and Discontents* (Boston: Little, Brown, and Company, 1965) p. 323.

Chaplain McSwain is assigned to the Alcohol and Drug Center, Fort Monmouth, New Jersey. This article is based on his work last year with 22 amputees at Brooke Army Medical Center, Fort Sam Houston, Texas, where he was a Clinical Pastoral Education student.

arouses anxiety in the patient. For example, one patient, who had been treated over a ten year period for a ruptured spleen, perforated ulcers, alcoholism, and 60% first and second degree burns, was extremely upset over what seemed like rather mild surgery—the removal of the little finger of his right hand. To him, however, this was not minor surgery. Most of his previous problems had been internal. Now he was extremely concerned with the problem of losing the function of his hand.

> After all I've been through, this probably seems like child's play to you, chaplain, but I'm scared to death about this one. I know some of the other treatments were life and death issues, but this one scares me the most. . . . It bothers me that I'm *losing* something, and it's going to be *permanent*. . . . It isn't going to grow back . . . and it's something, part of my hands, that I need very much. I've always *used* my hands. Even when all the other things happened, I was able to use my *hands*.... I've been able to compensate in some way for everything else that's happened, but how do I make up for this?

This loss of part of the "self" can cause as much grief for some people as the loss of a loved person. Loss of "self" refers to the overall mental representation each individual has of his body and person. "This self-representation includes ideas and feelings about the self, its worth, attractiveness, lovability, special qualities, and capacities." [3]

The amputee is very much concerned about his attractiveness to others. A classic Scripture passage puts it in a nutshell, "Man looks on the outward appearance, but the Lord looks on the heart." (I Samuel 16:7) While it may be of some comfort to believe that God does not judge him by his appearance, it is stark reality that he must live in a society which *does* judge him, a society where appearance is a *value.*

Society constantly stresses both *appearance* and *action* as significant values. A large, well-advertised industry has been built around cosmetics, which reinforces the idea that how one looks is important for acceptance and success. Physicians have noted time and again that some below-elbow amputees refuse a hook, which can be skillfully used, and insist on a passive replacement for cosmetic reasons alone. Thus when the amputee is faced with a loss that hinders him in *both* appearance and action, it is not surprising that he suffers a loss of self-esteem.

> I'm six feet two inches, chaplain, but have you ever seen anybody who looks tall in a wheelchair?
>
> She says the part of me which she loves hasn't changed. I wish *I* could be as sure as she is.

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[3] Schoenberg, *op. cit.*, p. 121.

When the Red Cross girls came around taking all of the patients' pictures to send home, me and some of the other guys wouldn't let them take ours. We just didn't care to have pictures made of us like this to send home.

I guess I just get the feeling that nobody is really going to pay much attention to me because I'm an amputee or something. It's like I was telling you the other day about Kathy. I still can't understand why a good-looking girl like her sees anything in a guy like me.

Body image is the total picture one has of himself. If over a period of time a person fails to reorganize his body image, psychopathological adaptation often occurs. This is especially observed in patients in which the integrity of the body image, as it existed before the amputation, is over-evaluated as the norm for maintaining their self-esteem. "Limb amputees, in whom the presence of a limb symbolized either masculinity or femininity, generally adapt poorly to limb loss." [4]

Even in well-adjusted persons, the almost universal reaction to such loss is that of grief, accompanied by depression and anxiety. If these emotions are denied expression, they often appear through a somatic substitute such as feeling pain or sensation in the missing part. The "phantom limb" is an almost universal reaction among adults; it is usually interpreted as the expression of the lasting concept of the individual's body image which continues after the loss of a part of the body.

A painful phantom may serve the purpose of keeping grief unconscious. Pain also results in increased attention from the family, the doctor, and the chaplain. It can also offer an acceptable retreat from responsibilities. "No matter how distressing physical pain may be, it may be more tolerable than the emotionally painful feeling it replaces." [5]

Grief is *normal* when a person's body image is distorted and part of his self is lost. Some people are able to grieve openly. Others may be ashamed of their feelings toward their loss. "Some individuals fear and distrust any strong feelings. Others recognize and accept their feelings but do not wish friends or relatives to be aware of them." [6]

Sometimes, however, body image is not distorted by amputation, especially in persons who have had almost no dependency on the lost part. The danger when ministering to the patient is not to recognize the relationship between him and the lost part. "Unwarranted assumptions about the relationship to the lost object will lead to unwarranted assumptions and expecta-

[4] Silvano Arieti, *American Handbook of Psychiatry*, Vol. 1 (New York: Basic Books, Inc., 1969) p. 763.
[5] Schoenberg, *op. cit.*, p. 122.
[6] *Ibid.*

tions as to how the bereaved should feel or act. We must understand in what way the bereaved depended on the lost object." [7]

It is natural for the chaplain to expect that the person who has suffered a loss will mourn his loss. It can therefore be disturbing when the injured person is not distressed and does not feel and act like a disturbed person. The chaplain may be suspicious that the injured person is putting on a good act, or that he does not yet realize what has happened. What needs to be remembered is that the values which chaplains and other counselors place on certain parts and functions of their bodies are not necessarily given the same values by the amputee.

Generally, however, loss involves grief—expressed or suppressed. Recall the patient about to undergo amputation of the little finger of his hand. Because his hands were involved in everything meaningful to him, he grieved far more for this loss (which a chaplain might consider minor) than several other amputees who had each lost a leg.

The amputee must be allowed to express how he feels about his loss. The first step in ministering to him is to understand him in his total context—physical, mental and spiritual—that is, to understand his body image.

## LISTENING TO THE AMPUTEE

When the minister, priest or rabbi visits the amputee, he is usually seen as the visible representative of conscience, morality, and God. For this reason, he has a unique opportunity to listen to the amputee's search for meaning in what has happened and why it has happened.

Although each patient is unique, certain patterns and emphases begin surfacing which indicate that most of these feelings are shared by other amputees.

First, *he remembers that day in great detail,* reliving the experience a hundred times and trying to reconstruct every small aspect of it.

> If I could have gotten to the hospital earlier they might have saved my legs. But the circulation was cut off by a clot for five hours . . . . I couldn't move or get to the phone. . . . That was the day for the laundry man to come, but he didn't. . . . I waited for the mailman, and I could see him across the street but for some reason, we didn't get any mail that day, not even a bill, so he didn't come across the street. . . . Kids play all day in our yard, but there were none that day. . . . I yelled like crazy, but there just wasn't anybody coming around my house that day. Any other day, yes, that day, no.

[7] *Ibid.*

You know, it was six months ago *today* that I got shot down. Just a little later in the evening than it is now. Six months ago right now, I was lying around getting ready to go back to base camp.

Second, *he often feels that he should not have been where he was when it happened.* For example, one patient, a former crew chief, told how his parents and friends had tried to talk him out of volunteering for Vietnam, especially volunteering to fly, but he did anyway. On the day of the accident, another crew chief offered to fly in his place, but he refused. Others offer similar examples:

I wasn't supposed to be out there that day. I only had two weeks left in country. . . . I shouldn't even have been there. I was supposed to be back in base camp.

I was supposed to be out of the field, but they told me to wait one more day and the supply chopper would take me in. That day I got hurt.

Mine wouldn't have happened if I had gone on R&R when I was supposed to. I came in from the field to go on R&R February 1st. They cancelled the flight so I had to go back. I got hit on February 2nd.

Third, the patient begins to assume that *in some mysterious way God had something to do with it.* The amputee has relived "that day" many times, without finding a reasonable answer concerning *why* it happened. The answer must then lie somehow in the purposes of God. His mood is much like that of the prophet: "If the Lord be with us, why then is all this befallen us?" (Judges 6:13) He is convinced there is a purpose behind his suffering.

I'm trying to figure out why it had to happen to me and why guys were killed in it. Why? But mostly why did it happen to *me*? I keep thinking of something I have done to cause God to want to take revenge on me, but I can't think of anything. I've never done anything real bad to anybody, not intentionally. . . . Maybe one of these days, I'll find out.

God was trying to slow me down. . . . He was trying to show me something.

I guess with the way I was living that God had to do something drastic to get my attention.

I believe there is a very definite purpose for things happening like they have. I don't understand it, but there's a purpose. Perhaps it's a test of my inner spirit, to see how much I can endure. . . . Look at Jesus, God let Him suffer for a purpose.

I believe that God's behind it all somehow. By the rules of life, I shouldn't be here now, but I am. God spared me. I think he's got something for me to do.

My number came up. . . . Nothing could have stopped it. . . . I'm not sure why, but there's a reason why it happened.

Those who feel that God is saying something to them—and has something for them to do—tell about many incidents of prayer, activity in church back home, etc., which seem to say, "I'm trying to find out what God wants." Uncertainty brings frustration. Amputees, like Gideon, often put out the fleece to determine God's will (Judges 6:36–40).

Others see their problem as punishment from God because of past wrongdoing. This idea has often been preached, and there are Old Testament references to support such belief. "Because you have forsaken the Lord, he hath also forsaken you" (II Chron. 24:20) and "If you forsake the Lord, He will turn and do you hurt" (Joshua 24:20).

> I was trying to figure out if I had done something to make God mad at me and punish me for something . . . so I began trying to figure if I had done something to make God do this to me. I don't think there's too much going on that He doesn't know about. I don't think He intervenes in man's destiny but I think He controls it somewhat, and if something is going to happen that He thinks shouldn't happen, then I believe He would stop it.
>
> You start retracing your life to see if there's anything possibly that you did, but it's hard to do. You can't remember everything you did every day.
>
> Things were going pretty good there for a while until I got away from the man upstairs.
>
> If we go the wrong way, we're going to be punished for it. We'll have a cross put on us to carry.
>
> I used to lay in bed in Vietnam and think what a sinner I was, and yet I'd soon forget about it and go on living a pretty reckless life.

Regardless of the chaplain's theological position, his ministry can be very significant and helpful to the person who wants to confess. Whether the sins are real or imagined, many amputees carry a heavy burden until they confess and feel forgiveness.

Fourth, *many amputees express anger.* Usually it is directed toward someone they feel is obviously responsible.

> After I stepped on the mine, the patrol stopped and went back. It made me mad when they turned back. If it wasn't important enough to go on, maybe we shouldn't have been out there in the first place. . . . Nothing was accomplished. . . . Seems like they just want to keep going till someone gets hurt, then go back.
>
> To hell with what other people think. If they hadn't sent me over there, it wouldn't have happened.

Fifth, *the amputee has difficulty voicing anger against God.* He has anger, to be sure, but he will usually express it against the mailman who didn't come the day he was hurt, the driver of the other car, the sergeant who sent him on patrol, or the

doctor who amputated. Even though he often sees God as playing an active part in what happened, he suppresses his feelings of anger. At times there seems to be a fear that if he did express it, God might hurt him again.

> If this is the way God wants things to work out, then I'll just have to accept it, like it or not.
>
> I don't think God treats people like that. . . . It doesn't seem fair to wipe out ten people just to get one guy's attention. . . . That guy might turn out bad anyway.
>
> I seems like we almost automatically start blaming God for it. This is the first thing that comes to mind, why didn't God stop it? God lets us take our own course. He lets us come close enough to stop and think about it.

When Job was severely tested, he became angry at God for the things that happened to him. He expressed his anger, worked through it and eventually became a whole person once again. Sometimes when the chaplain shares with the patient his own struggles and questions, he can let the patient know that it is all right to be angry. The chaplain should at least be aware of his own feelings, so that by his presence and his attitudes he doesn't prematurely silence the patient's feelings.

## THE STRUGGLES OF THE AMPUTEE

The amputee is often faced with long hospitalization. In the midst of this he often struggles with feelings of isolation and abandonment expressed so well by the Psalmist: "How long wilt thou forget me, O God? Forever?" (Psalm 13:1). "No man cared for my soul." (Psalm 142:4)

> I'll tell you, chaplain, I'm bitter. I didn't want to go to that place to begin with, but I did. And I did my job, but nobody seems to appreciate it.
>
> After I got burned, her whole attitude seemed to change.
>
> Most of the other guys wound up like me. We went over there and did a job and got hurt doing it. When our girlfriends back home found out we were hurt, they couldn't get rid of us fast enough.

In addition, they feel insecure about their manhood. The loss of a body part may represent a loss of masculinity; they wonder how they will be able to function as sex partners.

> I'm wondering if it's going to be O.K. with the girl I get married to. That bothers me a lot, chaplain. I mean, if you can't satisfy her, what kind of marriage are you going to have?
>
> I would have had this foot taken off two years ago if my wife had agreed, but when I would ask, she would say, "Whatever you think." I haven't been able to use it for 3 years now. So I finally

had it done, but I was really uptight as to how she would react. . . . whether I would still be a man to her. . . . When she first came in, she said, "I'm glad you had it done. I just didn't want to influence your decision." I see her point, but wow, why couldn't she see mine?

Family and society have insidious ways of rejecting amputees, thus making the struggle all the more difficult. The result is that amputees avoid looking into mirrors, dread making trips away from home and slip into corners and hide from public view.[8]

I was so self-conscious the first few times I was home, I didn't want to go out of the house. I remember one shopping mall we went to because I had to get a haircut, and I went to 3 different barber shops. I wasn't going in and having people stare at me. When I couldn't find an empty chair, I just went back home and told my wife we'd come back another day when they weren't so busy.

These attitudes help to deflate a person's self esteem. "The common feelings that accompany anxiety are shame, hostility, and guilt, followed by emotional withdrawal and physical avoidance of others." [9]

I've always been active with my hands. . . . How will I ever be able to go anywhere with other people and do the things I used to do?

In many respects, the future is uncertain. Some are concerned about practical things: Will I be able to participate in sports? Can I still work? What kind of work? Others question the meaning of life itself: Who am I? Where will I go? Who needs me?

One thing bothering me is whether or not I'll be able to ride my horses again. I wonder how I'll be able to mount them.

Where do I belong? When I leave here and get to the front door, I don't know whether to go left or right. . . . There's not much waiting for me in either direction.

In his struggles, the amputee often has to walk alone. Before he does, the chaplain has the opportunity to walk with him, to hear his struggle, to offer hope and encouragement when needed, and mostly, to be living proof that there is someone who "cares for his soul."

The amputee's body may be injured, but his values are initially those of a *non-injured* person. He will usually try to maintain his previous standards of performance. He may feel that the only way to overcome his difficulties, both in his own eyes and in the eyes of others, is to *be* a non-injured person.

Eventually the injured person may equal or even surpass the performance of non-injured persons in *certain* roles, which

[8] Arieti, *op. cit.*, p. 756.
[9] Schoenberg, *op. cit.*, p. 124.

is realistic. In doing so, partial adjustment is accomplished and self-esteem is strengthened. "But if the sheer fact of being an injured person is a difference which makes a difference to the injured man, that is, if the non-injured remains the wished-for ideal, no matter how often he does as well or better than the non-injured, he will still devaluate himself as an imperfect non-injured person." [10]

Thus the amputee may place upon himself unncessary strain. Although the non-injured person will readily accept help when it is convenient or necessary, the injured person (amputee) is reluctant to accept help unless it is absolutely necessary. Accepting help is tantamount to admitting defeat. He feels that if others would forget he is an amputee, there would be no difficulties.

> Things will be like they always were. When I get my leg, I'll be doing just as much as you can, chaplain. . . . I don't want nobody to do anything for me unless I ask them to, and I don't plan to do much asking.
>
> An amputee wants to prove to people that he can do everything now that he could before. . . . I don't want people catering to me. . . . It's a kind gesture, but it's a put-down in a way. . . . They feel you can't do anything anymore, and you have to show them. . . . Last time I was home on leave, I got outside and washed my car just to show them I could do it.
>
> It's hard to say, "No, I don't think I can do that," so I go ahead and try to show them I can do it. I've got to prove I can keep up with them.
>
> The other day I was going up the ramp outside and an aide stopped and started to push me. I told him to stop because this was part of my PT. But, chaplain, my arms were about to fall off, it was so hard getting to the top of that ramp. I really wanted some help, but I wouldn't let anybody help for anything.

Sometimes the amputee will mask his deep feelings about his loss through humor. In the same way that humor is sometimes used to hide anger, the amputee uses humor to hide frustration and grief. But he also uses humor to relieve tension, to put others at ease and to gain acceptance.

> I was in the barber shop and this little boy kept looking at my empty pants legs and it was bothering his Dad. I called him over and told him I lost my legs playing poker. He turned to his Dad and said, "Daddy, you better stop playing poker," and we just all laughed about it together.

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[10] Tamara Dembo, Gloria Leviton and Beatrice Wright, "Adjustment to Misfortune: A Problem of Social-Psychological Rehabilitation," *Selected Articles From Artificial Limbs*, Jan 54–Spring 66, (Huntington, NY: Robert E. Krieger Publishing Co., 1970) p. 147.

## MINISTERING TO THE AMPUTEE

We have seen that the amputee's self-image is deeply invested in the parts and functions of his body. When that image is distorted by amputation, he becomes anxious and afraid. He loses part of his self-esteem, and he becomes concerned about his appearance and how he will be able to function. He often endures phantom pains which indicate a physiological and psychological reaction to his loss. If this pain is persistent and severe, it may indicate unresolved mourning over his loss.

He searches for a reason for what happened. He remembers in great detail the day of the accident. He recalls that he shouldn't have been where he was at that time. Often his only conclusion is that God had something to do with his being hurt. Sometimes he interprets it as punishment for past wrong-doings. He usually feels that God has something for him to do.

He is angry, but the anger is turned toward others. It is extremely difficult for him to be angry at God. He often feels forsaken, both by man and by God. He worries about what others think of him. He is concerned about his sex life—whether he is still a man. He is uncertain about the future.

He wants to be like he was before he was hurt. He will use humor to hide his anger and to put others at ease. Most of all, he doesn't want to feel useless.

These are many of the feelings with which the amputee struggles during his long hospitalization. Sharing these feelings with a sympathetic listener is important. Often, however, the attitudes of people around him discourage real sharing. He therefore sees himself as just another patient—a case.

In this situation, the chaplain has a marvelous opportunity for ministering. He can often be supportive by abandoning or playing down the traditional role of being a "good cheer" man. He profoundly understands that the amputee has suffered a great loss and needs to grieve for that loss Recognizing that it is better to *express* grief than to *suppress* it, the chaplain can quietly encourage the person to grieve. Most chaplains will recall from their own pastoral experiences the difficulties encountered by those who were not permitted to process their grief.

The family and hospital staff often see the chaplain's basic role as cheering the patient and they usually compliment the chaplain when he fulfills this role, even though this may not be in the patient's best interest. Although no one enjoys seeing a person depressed, the chaplain must carefully determine how best to minster to the patient, even though his conclusion may at times conflict with the role others expect him to play.

The chaplain should recognize that the amputee may become

irritated when he feels that people are feeling sorry for him. To communicate pity is to treat a person as if he were helpless and therefore useless. (Christ's emphasis on the value of each individual speaks clearly to this problem.)

> I was twenty-three years old when I went home, and I wanted to be treated like it, instead of like a kid. . . . I don't mind a guy helping me with something I don't know how to do, but it's frustrating for someone to try to help with something I *know* how to do and *can* do.

If the chaplain applies only the traditional ministerial role of being supportive, he may make the mistake of trying to reestablish the patient's confidence *too quickly*. The chaplain may transmit to the patient the attitude that everyone is very anxious for him to get well and resume normal activities almost immediately. In the amputee's attempts to convince himself that he is still a man, he tries to meet not only his own expectations but the expectations he feels others have of him. Anxiety and frustration may be the result.

> It messes up my mind when some guy comes on the ward and starts telling you about some other guy he knows that's missing a leg and can do this and that. You know he's trying to cheer you up, but you wish he'd shut up. I know I'll be able to do it someday, but the guy's making me sound completely useless. . . . I resent it when someone says, "*Pretty soon* you'll be up and around."

> It gets to me when I think I'm being compared with someone else. Some of these amputees are doing things I couldn't do when I had *both* hands, so how am I going to do it with one hand and a *hook?*

> I couldn't skate *before* I lost my leg. When somebody talks about another guy skating with a prosthesis, I feel they think I'm a *failure*, or lazy, because I can't do it too.

To keep from reacting out of his own anxieties, the minister should not be too quick to reassure the amputee that he will soon be all right—like new again. The patient will be disappointed when he realizes that no prosthesis can adequately replace his lost limb.[11] Thus the "good cheer" chaplain may unwittingly promote disintegration rather than wholeness.

Perhaps the most important aspect of ministering to the amputee is that of *listening*, particularly in *early* visits. The patient should be encouraged to discuss his feelings, and he should understand that he is not rejected for having them. He should be permitted to discuss his feelings regarding the amputation—both before and after surgery.

> If we accept the likelihood that the patient will mourn any change or loss of a body part, it would appear necessary that he be granted

[11] W. Hume, *Rehabilitation of the Lower Limb Amputee* (London: Bailliere, Tindall and Cassell Co., 1965) p. 3.

the opportunity to discuss his anticipated loss as well as his feelings following the change. Perhaps no better rule of management exists than that of allowing for meaningful expression of feelings which may range from despair and hopelessness to unwarranted optimism and euphoria.[12]

Talking helps to relieve anxiety. The chaplain should work at being a good listener. By allowing the patient to express his feelings, the chaplain lets him know that it is acceptable to have them. *Later* the chaplain will have the opportunity to reflect back to the patient some of the patient's concerns about the future. Later there will be time for confrontation and give and take. In the beginning, however, the chaplain should *follow* the feelings of the patient and give *him* the right to express *his* feelings, however pessimistic they might appear to the chaplain. If the chaplain reacts out of his own anxiety and moves in too quickly to change attitudes, he thereby says to the patient, "I don't accept *you*." The probability of ministering effectively will be greatly reduced.

When searching for answers concerning why his accident happened, the amputee will often confess his sins of the past and relate them to what he understands to be God's present punishment. The chaplain would probably be mistaken, *at this time,* to tell him that God does not deal with people in this way. At this time it is more important for the chaplain to accept the patient's viewpoint and to recognize that the patient views the chaplain as the visible representative of God.

Since the patient will usually be unable to express anger at God, he will often become angry with the hospital staff. The chaplain should recognize that the patient often sees the staff as his immediate primary source of love and that a rejection of his needs and wants may be interpreted as a rejection of himself.

> The doctors came in here Friday and today and talked with the other guys, and didn't even look this way. Like I wasn't even here.

Sometimes, however, patients do ventilate their anger at God in the presence of the chaplain. Being defensive, either for God, the staff or oneself, is not very helpful.

Working with the amputee is a ministry which will usually extend over a long period of time. The chaplain would be wise to build rapport with him through a series of visits. In later visits, the chaplain will have the opportunity to confront him with any inappropriate ways he uses to handle his problems of readjustment. But by this time, he will know that the chaplain *cares* and is working *with* him rather than trying to

[12] Schoenburg, *op. cit.*, p. 124.

find simple answers to a very complex problem. During these later visits, the chaplain will probably want to share some of his own struggles—in instances where he feels that it would be helpful for the patient.

The chaplain should be aware that at first the amputee may look with suspicion upon the chaplain. He may have met too many religious people, clergy or laymen, who were quick to find "religious" answers.

> Right after they took my leg off, the minister from a church down from where we live came to see me. He started telling me that I was being punished for the way I had been living. . . . Boy, that made me mad. My mother got so upset that she asked him to leave and not come back.

Although the chaplain should not push religion as either the cause of the problem or the cure for it, neither should he deny that religion *has* a meaningful place in the amputee's search for the way back. As a clergyman, he represents God. In ministering to the amputee, the chaplain experiences anew that Scripture, prayer and communion are redemptive tools which are needed and wanted by the amputee. After visiting for weeks with a bitter and angry amputee, he will often be surprised by joy when the patient requests those things which directly nurture the soul. In the midst of physical loss, the spirit begins to bloom.

By staying with his feelings, the chaplain lets the amputee know that he cares. By not being too quick to reassure him he'll be all right later, the chaplain lets him know he is accepted *now*. In months to come, when he forgets what the chaplain said and what they discussed together, he will remember that the chaplain was *there*, and that he *heard*. And perhaps he will become more certain that *God* has not forgotten, that *He* still *cares*.

# CLINICAL PASTORAL EDUCATION AND THE ARMY HEALTH CARE SYSTEM

Chaplain (CPT) Carl R. Stephens

## INTRODUCTION

Because of the advances of medicine in the twentieth century, we must all face new ethical dilemmas. There is little doubt that present patterns of disease and subsequent treatment will change as much in the future as they have in the past. New conditions will continually arise to challenge us. With every new scientific advance there will doubtless be accompanying hazards which we must be prepared to meet. In facing these dilemmas and meeting these challenges, Army chaplains have increasingly felt that a common ground is shared by the disciplines of medicine and theology in serving the whole man. They want to insure, therefore, that relevant dialogue between physicians and chaplains continues to deal with the issues that mutually concern them. The motivating factor in this professional dialogue is the conviction that the relation of theology to medicine is more than simply the relationship of the minister or theologian to the physician. The actual relationship involves the whole Judeo-Christian community and the complex field of human pathology and therapy. The purpose of this article is to explore that relationship.

## HEALTH CARE

Today there is no longer serious disagreement with the concept that proper health care is a person's *right,* irrespective of his status and resources. There is little debate that medical care must be provided for *all* people and at the same time must satisfy a single high standard. There cannot be one system for the poor and another for the rich, one for the young and another for the old. General assurance of the right to health care, however, is meaningless unless the care meets standards of adequacy in the eyes of its recipients, as well as in the eyes of the health professions.

Many different words could be used to define the appropriate goals for a health care delivery system; the three chosen by the National Commission on Community Health Services are certainly basic, namely, *available, accessible* and *acceptable.* A number of opposing forces, however, affect the chances of success in

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reaching these goals. Expansion of medical knowledge has been so rapid that it has long been impossible for any one physician to master all the techniques and information currently available. Today there is greater need for combining the knowledge and techniques of a number of physicians, as well as nonmedical personnel. Yet the ease of achieving understanding, compassion, and a personal relationship with the patient and his family is reduced as health care becomes fragmented and more persons necessarily become involved.

Unfortunately there is today a greater emphasis in medical education on the natural sciences than on human relations, on organ systems rather than on people. That this is still true is surprising in the light of intense scientific study of the effect that doctor-patient interactions have upon prevention, diagnosis and treatment of organic disease, as well as on the speed of recovery.

We must recognize, however, that the emphasis on organic aspects of disease and infirmity may well be related to the fact that only in this century has science offered significant possibilities of affecting the outcome of disease, whereas the study of human relations is still relatively fluid and uncodified.

## THE NEED FOR A NEW ETHIC

Many new questions have been generated in the past thirty years because of the impressive gains made in the fields of medicine and surgery. The issues which now confront us are considerably more complex, grave and awesome than were those confronting people living in ages past. Abortion, organ transplants, enlarging possibilities for controlling the genetic future, chemical and electrical stimulation of the brain, increased sensitivity toward experimentation, and the management of dying persons are only a few of the profoundly perplexing as well as promising matters which urgently require sustained and serious attention from a variety of perspectives. New problems are also posed by longevity. What is the impact of medically produced longevity on families? What we need is not only new therapies but also *a new ethic* for learning to live with the advances that medicine has given us.

The enormous improvement in nutrition and the prevention of infectious diseases has lengthened everyone's life expectancy and thus heightened the dilemma. And all too often the new and powerful drugs are accompanied by a worse distress than that which they were meant to relieve. Few people have fought medical advances, even though these advances have led to awesome problems in eugenics and population control that were minor

when life expectancy was thirty-five and infant mortality was four in ten.

## RESTORING A SENSE OF COMMUNITY

Many people feel that it is impossible to give affordable health care to everyone. Although I disagree, I am convinced that it can be accomplished only when a profound sense of "community" exists. Unfortunately, "community" seems to be disappearing with every new advance in medicine and technology. With the help of chaplains it must be restored—or new mechanisms must be created to give the services and make the decisions the "community" once fulfilled. If the "community," or the new mechanism which replaces it, decides that total community needs exceed the resources necessary to deal with them, the establishment of priorities clearly involves a good deal of soul-searching and confrontation. When physicians' time is insufficient to meet people's health needs, a decision to treat one patient means that another must go without care. Who decides which life to save and which not to save?

The answer to the question "who decides" is dependent to a large degree on who is the primary beneficiary. (The same dynamics are at work in deciding when to "pull the plug," or who is to decide to do so.) There are, however, no unchallenged resolutions to these dilemmas. These dilemmas are usually resolved by persons possessing power—which some regard as morally appropriate, and others as the quintessence of evil. Frequently those in power use their power for purposes more advantageous to themselves than to society. Sometimes they do so knowingly. At other times they do so almost innocently, because it scarcely occurs to them that the goals that are good for *them* are not necessarily good for *everyone.* (The innocent "elite" are probably capable of inflicting more damage upon people than the cynical "elite".)

Contemporary society has a deeper ambivalence about the authority of the "system" than any society in past history. On the one hand, life has become so complex that everyone depends upon experts—whether to stay healthy, to keep his car and TV set running, or in general to keep the economy functioning. On the other hand, this same society distrusts "elites" and "establishments," with the conviction that they are not doing their jobs well or that they are doing them well only for their own advantage. People everywhere, radicals and conservatives, young and old—but especially the young—feel that they are being manipulated, and they resent it. If they are told that the manipulation is really making them happier, they are likely to get all the more angry and to grasp at freedom with even greater determination.

## INTERDISCIPLINARY COLLABORATION

Now, more than at any time in the past, there is a great need for genuine interdisciplinary collaboration. If these uniquely modern and deeply human concerns are to be addressed with integrity and responsibility, dialogue is imperative. Too many generations have held the myth that science is "descriptive" while theology is "prescriptive," that scientists are "question-askers" while ministers and theologians are "answer-givers." Thus it has been traditionally held that clergymen attack evil in man whereas physicians attack disease. Now that we see human life as a *whole,* this arbitrary distinction is no longer tenable (if it ever was). The result is that we now understand better than ever before that *treatment* must be whole. Certainly there are ills which appear to be solely organic and are therefore solely in the domain of the physician. There are other problems which are seemingly without physical and material components; thus they appear to be primarily in the realm of the clergyman. But between these two extremes there is a vast range of human affliction which affects body, mind, and spirit. It is difficult to identify the degree to which each of these three elements participates in a given illness; their separation from one another is impossible. Human illness traced back to its source in the individual patient almost always provides a meeting place for physician and clergyman. It also affords a challenging opportunity for the best efforts of both—one in support of the other.

The problem of communication between minister and physician, however, is difficult. Nevertheless, a useful dialogue between science and theology must be established on some ground other than that of setting limits on each other's sphere of influence. Instead of talking *about* each other, they must talk *with* each other.

The principle of talking with each other is, in fact, already being applied. It is being translated into action in the world of daily living. The US Army chaplaincy and the US Army Medical Department have committed themselves without reservation to clinical pastoral education in the hope that this exciting and relevant form of theological education will better equip the Army chaplain effectively to assume a role in the health care delivery system which serves military personnel and their families. Clinical pastoral education has thus become the key operating principle in establishing a dialogue between the physician and the minister for the purpose of serving the whole man.

## ADVANCES IN CLINICAL PASTORAL EDUCATION

During fiscal year 1972, twenty-nine chaplains received four

quarters of clinical pastoral education in civilian and military health care centers. Three chaplains received four quarters of training in a federal penal institution, six were trained in marriage and family therapy, and three were trained in alcohol and drug addiction programs. In addition three were trained in C.P.E. supervision and achieved "acting supervisor" status with the Association for Clinical Pastoral Education. One chaplain was certified as "full supervisor." In order to meet the ever-present challenge of drug and alcohol abuse among military personnel, approximately eighty chaplains are now integral members of the Army's drug treatment teams.

During FY 1972 Walter Reed Army Medical Center trained and graduated its second class of five interns. Letterman General Hospital and Brook Army Medical Center initiated programs in clinical pastoral education with five interns each. They were graduated on 15 December 1972. A new class began early in January of this year. On 5 September 1972 Walter Reed Army Medical Center started its third C.P.E. class. Another program, with five interns, began at Fitzsimmons General Hospital in Denver, Colorado. In addition to the four C.P.E. training programs in large medical centers, a new program is now in progress at Fort Knox, Kentucky. This is an exciting endeavor, in that supervised pastoral intervention will touch all aspects of this large community. Interns will rotate through the post parish program (Catholic and Protestant), the post hospital, the stockade and the community mental health center. Extensive plans have been made to insure maximum use of interdisciplinary expertise in both the military and the civilian community.

At present seven chaplains are doing supervisory residencies, with the ultimate goal of establishing C.P.E. centers at as many as ten large military installations. The Army chaplaincy is convinced that an interdisciplinary and interprofessional collegiate spirit is both increasingly necessary and possible.

## THE ROLE OF THE CHAPLAIN

Although history is marked by the attempts of one group to impose its values on another, most chaplains in hospitals and on large military installations do not see their primary responsibility as imposing values or in providing answers, but as helping clarify and focus on appropriate issues and problems, as well as to participate in the adjudication of alternative choices and actions—where this participation is desired. There are two main reasons for this conviction:

(1) The accumulation of knowledge is accelerating so rapidly that it is impossible for a single discipline to assimilate and

apply its expertise responsibly to the full range of human affairs affected by it.

(2) Science and technology are no longer considered ends in themselves by responsible persons. There is a growing moral sensitivity among scientists and technologists concerning the ends to which their skills and knowledge are being utilized. In most situations, there is a new openness toward other disciplines and professions. Often it is an openness which not only tolerates but actively solicits mutuality and collaboration in matters of common human concern.

Many physicians and other professionals sincerely believe that they themselves must formulate an ethical code which will satisfy the majority of doctors and ensure both the well-being of individuals and the best interests of society. There is obviously something healthy about doctors and other professionals affirming their own values. Chaplains certainly do not want to infringe upon this aspect of the discipline of medical practice or research. Chaplains simply want to offer themselves as deterrents (conscience screens, if you will) to any discipline insulating itself against the competencies of other humane disciplines.

Clergymen have unique contributions to make in two areas to the healing team. First, as persons trained in thinking systematically about ethics, they can be of special help in the complex area of ethical decision making. Second, they are experts in spiritual growth. When a person faces the reality of death, he usually realizes that he faces spiritual questions. Clergymen are prepared to help people deal with these questions and with what Erik Erikson calls "the ego chill"—the awareness of one's own mortality.

In various C.P.E. programs chaplains are being trained to integrate psychological and theological disciplines. They are led to self-conscious awareness of their own finite nature and are encouraged to discover the unique dimension of the humanness of every person they seek to help. In the process they become professionals who take their place on the healing team without apology.

The famous old portrait of the physician sitting beside the child's bedside, pensively stroking his beard, radiates both compassion and helplessness. The picture of the circuit rider leaning into the bitter winter's wind with his Bible under his arm portrays devotion to God and to man, but it also represents a deep sense of isolation and loneliness. Neither of these portraits represents the modern man of religion or of medicine. The modern portrait of the man of religion or the man of medicine should portray a man who has both high technical competence and the

ability to provide a relationship conducive to understanding and trust. We believe that both men can have both qualities, especially when proper training and dialogue are continuing elements in their professional lives. This assumption is as dear to a minister as it is to the scientist. Where this occurs, both are relieved of the necessity immediately to provide absolute and immutable answers to changing questions. They are free to offer provisional and tentative solutions which may do more to indicate the intentional direction of their existence than to resolve in some final way a given problem. If men of medicine and religion can learn to distinguish without separating their special interests and competencies, they may recover a holistic view of man and his condition in which science and religion do not antagonize but rather complement each other.

## A COMMON HERITAGE

In a sense, everyone in the "helping professions" shares a common heritage, even though they may not ascribe to the same creed. That common heritage is the Judeo-Christian tradition, which contains a clearly expressed body of ideals about human relations—principles of social ethics which have been hammered out in our nation's history by peoples of different backgrounds. It is a consensus of values that preserves and nurtures the whole complex of institutions and human relations which make up our national life. This *de facto* tradition forces people in it—especially those who deal with life and death—to ask certain basic questions about man. And this tradition also supplies the answer that man is infinitely valuable.

Clergymen in this tradition emphasize that the value of man inheres in his being an image bearer of God. Man is thus more than body; he is mind and spirit as well. The whole of man is far greater than the sum of his parts. To approach him at any time in terms of only one of these aspects of his total existence is to compromise the concept of his God-given dignity and wholeness. Man is not adequately understood when he is defined as a strictly physical being whose boundaries are his own skin; rather, his being includes and is defined by the nature and quality of *all* his significant relationships, including his relationship to *God*. The chaplain's special emphasis as a member of the healing team is to nurture the patient's relationships toward God and man, thus contributing to his *total* health—to his wholeness.

# BLACK MUSLIMS AND THE MILITARY CHAPLAIN

Chaplain (MAJ) Arthur J. Pearce

"Up You Mighty Nation, you can accomplish as you will!" This is a typical clarion call to action on the part of the Honorable Elijah Muhammad, leader of the Nation of Islam in America, or Black Muslims—probably the fastest growing racially exclusive sect in this country. For several years chaplains have been meeting Black Muslim soldiers, or soldiers who are in the process of becoming Black Muslims. Unfortunately, too many chaplains know too little about them to be helpful to the men or their units. The purpose of this article is to supply chaplains with basic information so that counseling can be done primarily on the basis of knowledge and wisdom rather than on the basis of vague, uneasy feelings and misinformation.

## A GENERAL DESCRIPTION

Black Muslims number between forty thousand [1] and one hundred thousand [2] out of 22 million black Americans. They meet together three times a week in about one hundred mosques or missions all across the land.[3] Each week Mr. Muhammad speaks on eighty-seven radio stations.[4] His movement owns many businesses and is currently advertising to lease, rent or buy one million acres of farm land.[5] Thus it does not appear to be a way of life which will soon fade and die; the vital sounds beat with health and strength.

Black Muslims often identify themselves by wearing a crescent and star pin in their lapels. Like their leader, Mr. Muhammad, they are clean shaven and closecropped. They refuse to eat pork and are encouraged to eat only one meal a day. In December, a month of fasting, they abstain from eating meat. Their practices exclude the use of tobacco, alcohol or drugs, and they do not believe in gambling. Muslims are characteristically honest, hard working and responsible; they have a serious outlook on life. In their families, the roles of husband, wife and children are clearly defined according to a patriarchal pattern. They place one of

[1] Malcolm X, *The Autobiography of Malcolm X*, Alex Haley, ed. (New York: Grove Press, 1965) p. 410.
[2] C. Eric Lincoln, *The Black Muslims in America* (Boston: Beacon Press, 1961) p. 17. This is a basic book to which interested readers should refer for further information.
[3] Malcolm X, *op. cit.*, p. 290.
[4] *Muhammad Speaks*, a weekly newspaper published by Muhammad's Mosque No. Two, Chicago, November 3, 1973, p. 14.
[5] *Ibid.*, p. 22.

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their strongest emphases on honoring and caring for their women. In addition, they are encouraged to shun credit buying and give generously to the Nation of Islam and its causes.

Their devotional life centers around personal prayer and meditation. The devout pray five times a day facing Mecca. If they get up at night, they pray again. A cleansing ritual always precedes prayer. The morning ablution is performed by washing first the right hand and then the left. They brush their teeth with 3 rinsings of the mouth and the nostrils. A shower completes the whole body's purification in readiness for prayer.[6] Public worship centers in the local mosque or mission. When possible, Muslims attend three services each week, which begin at three P.M. on Sundays and at eight P.M. on Wednesdays and Fridays. These services are for black enquirers as well as members, and they emphasize Mr. Muhammad's teachings. Where there is no mosque or mission, Muslims select their leader from among the more experienced men. Muslim places of worship are usually found in the center of slum areas, because their main evangelistic thrust is to the people of these areas.

Muslim ministers are normally selected by the Messenger, Mr. Muhammad; they are trained by him or by one of his leading ministers (OJT). Advanced secular education does not seem to be an important factor for the minister, but a *Muslim* education is important for all members. Elementary schools have been established in connection with several of the larger mosques.

Persons may become a part of the Nation of Islam by attending at least three meetings and then sending an application to the main headquarters in Chicago. At this time, their old "slave" name (family name) is discarded and a new one is taken. "X" is substituted for the surname. If the new member is the fourteenth person named John to join that mosque, he is called John 14X. The "X" suggests the unknown names of his African forebears. It also means that he is no longer what he was and indicates the mystery which surrounds what he will be. Later an Arabic name may be given in place of the 14X as an acknowledgement of service to the Nation of Islam.

Discipline and security are maintained by the Fruit of Islam, the F.O.I.—the finest looking and most loyal of their young men, who are trained in unarmed defense. Raymond Sharriff, son-in-law of Mr. Muhammad, is their Supreme Captain and a leading candidate to succeed Mr. Muhammad. Punishment for deviance from the Nation's rules is isolation. In the case of minor infractions, isolation from the Nation could last for several weeks. Serious disobedience results in permanent rejection. Malcolm X

[6] Malcolm X, *op. cit.*, p. 193.

tells of refusing to speak to or have anything to do with his own brother, because he had been excommunicated from the Nation.[7]

Muslims are advised to obey the law of the country as long as it does not conflict with the teachings of Mr. Muhammad. They do not take part in sit-ins or any kind of civil disobedience. They are told never to be the aggressor. If they are attacked, however, they are prepared to fight back and perhaps lay down their lives. Their readiness to defend themselves is illustrated by an event which took place on April 14, 1972. The New York Police Department received an anonymous telephone appeal for help, directing them to Mosque #7. Two white patrolmen responded to the call. They were refused admittance to the mosque and tried to force their way in. Reinforcements were called in and, during a shoot-out, five policemen and two civilians were wounded.[8] In October of that year, the *New York Times* noted that Mr. Muhammad had advised his followers to get out of police work. According to the report, he felt that some police spies had infiltrated his organization.[9]

From the beginning, the Messenger has discouraged military service by his followers. In 1941 he was imprisoned for three and a half years because he told his people not to register for the draft. His stand suggests that many of the Muslims in military service become Muslims after they are inducted. Draft Boards consider their appeals for Conscientious Objector status on an individual basis.

Fraternal responsibility is an important characteristic of the movement. Black Muslims are taught to be especially ready to die for their sisters, but also for their brothers. Active caring has also been a significant factor in their highly successful program with prison inmates and drug addicts. Their best known minister, Malcolm X, was a prisoner and addict when the teaching of Elijah Muhammad transformed his life.

It should be noted that the Black Muslim movement is very different from some other black militant groups, such as the Black Panther Party. The latter is a much more political organization, whereas the former discourages adherents from voting or holding a public office. At times, the two groups are not at all compatible. On February 15, 1971, a fight broke out in Atlanta between Black Muslims and Black Panthers during which 100 riot police were called out. Twenty-one persons were arrested. Each group had wanted to sell its newspaper on the same downtown street corner.[10]

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[7] Malcolm X, *op. cit.*, p. 295.
[8] The *New York Times*, April 16, 1972, p. 56.
[9] October 29, 1972, p. 20.
[10] The *New York Times*, February 16, 1971, p. 37.

There is now reputed to be some internal struggle within the Nation of Islam. Dissidents are described as dedicated young men, like the late Malcolm X, who charge that the organization has become too narrowly sectarian, inhibited and insulated from other American blacks. The shooting deaths of two patrolmen and two Muslims in Baton Rouge has been attributed to this unrest.[11] It remains to be seen whether this analysis is true. These may involve Black Muslim sects who are not a part of Elijah Muhammad's Nation of Islam.

There also seems to be some enmity between Black Muslims and Orthodox North Africa-based Moslems in the United States. With up to two million adherents, the latter include the Hanafi (begun in Iran in 702), the Maliki (begun in Arabia in 716), the Shafeyi (begun in Syria about 772) and the Hanbali (begun in Baghdad in 786). In addition, there are the Sunni Moslems, who follow the way of Allah and the ritual of Islam but do not belong to any of the above sects.[12] A major difference between the Black Muslims and these groups is that the latter do not believe in or practice racial exclusiveness. A recent example of the enmity which exists between Black Muslims and others occurred on January 19, 1973. Seven persons, including five children, were killed and two others were seriously wounded in Washington, D. C.—in a house given to the Hanafi sect of Moslems by Milwaukee Bucks basketball star Kareem Abdul-Jabbar, formerly known as Lew Alcindor. Police said that eight men stormed the house and "performed the execution." [13] The local Hanafi leader accused Elijah Muhammad's Black Muslims of the murders and declared war on them. The basic issue concerned racial exclusiveness.[14]

## HISTORY OF THE MOVEMENT

In the summer of 1930, a mysterious "Arab" peddler appeared in the Negro community of Detroit selling raincoats, silks and artifacts. Above all, he sold a philosophy of life as he told stories of the rich and ancient culture of their black relatives across the sea. He admonished them about certain foods, making suggestions that he said would improve their health. He spoke out against the white man and the white man's religion, Christianity. This peddler-with-a-difference, whose name was Mr. Farrad Muhammad, Walter D. Fard, or Mr. F. Mohammad Ali, announced that he was from the Holy City of Mecca and that he was the Supreme Ruler of the Universe. Some of those who

[11] The *New York Times*, January 21, 1972, p. 1.
[12] The *National Observer*, February 3, 1973, p. 7.
[13] *The New York Daily News*, January 19, 1973, p. 9.
[14] *National Observer*, February 3, 1973, p. 7.

heard him were awed by the glorious history of Black Africa and Asia. They soon became his followers, meeting at first in homes and later in a rented temple. Within three years, he began a Fruit of Islam program and established both a University of Islam (primary and secondary grades) and a Muslim Girls' Training School.

The significance of Fard to the movement is epitomized in the celebration of his birthday, February 26, as a national holiday for the Nation of Islam. It is celebrated annually as "Savior's Day," a day in which Black Muslims do not work. Many travel to Chicago, where a great assembly of the Nation of Islam is held.

Although Fard was the originator of the Nation of Islam, the person who *developed* the movement was Elijah Muhammad. Born Elijah Poole, the son of a Baptist minister who migrated from Georgia to Detroit in the 1920's, he was an early officer in the movement. He was named Minister of Islam early in 1934 and became its sole leader in June, 1934, when Fard mysteriously vanished. Elijah Muhammad became the prophet and messenger of Allah (who was W.D. Fard). It is of interest to note that, although Mr. Muhammad is a small man who has been weakened by a severe asthmatic condition, and although he has had only a fourth grade (formal) education, he has inspired the absolute loyalty of thousands of black Americans. Mr. Muhammad's six sons and a daughter have also been active in the movement. One son, Akbar, however, defected in 1965;[15] during that same year another son, Wallace, recanted an earlier defection.[16] Currently Mr. Muhammad has homes in Chicago and Phoenix.

Later, the primary person of importance in the expansion of the Muslim movement was Malcolm X. Born Malcolm Little, he was the son of a Baptist minister whose home was burned by the Ku Klux Klan when he was six years old. Shortly after this, he saw his father murdered. The trauma of these events proved too much for his mother, who gradually lost her mind and was placed in a mental hospital. The children were scattered among various families and agencies. After completing the eighth grade, Malcolm moved to Boston where he lived with an aunt. Later he moved to New York City where he became a drug addict and was a successful pusher, pimp and thief—until he was apprehended and imprisoned for burglary in 1946.

Two years later, while still in prison, he began to turn to the teachings of Mr. Muhammad. Several members of his family

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[15] The *New York Times*, January 15, 1965, p. 19.
[16] *Ibid.*, February 27, 1965, p. 1.

had already become followers. His life changed drastically as he stopped smoking, drinking and taking drugs. He followed Mr. Muhammad's rule of abstaining from pork and become interested in furthering his education. He spent a great deal of time reading, as well as taking every opportunity to enter into debates. He was released from prison in 1952, a man devoted to Mr. Muhammad and eager to lend his dynamic leadership to the Messenger of the Nation of Islam. Mr. Muhammad accepted him as a son and ordained him as a minister of Islam.

For the next twelve years, the movement grew rapidly as Muslims aggressively sought new members and opened new mosques. Every male member was required to "fish for the dead," that is, talk to other black people in an effort to bring what Muslims thought of as mentally dead blacks into the enlightenment of the Nation of Islam. Malcolm X, the dynamo of this new aggressive spirit, became the right hand of Mr. Muhammad and the chief exponent of the Nation to the non-Muslim world. He became the minister for New York City—which had three mosques and an aggressive membership. His success and renown, however, were not without drawbacks; they were accompanied by jealousy, especially at the headquarters in Chicago.

In 1962, after President Kennedy was assassinated, Mr. Muhammad instructed all of his ministers to make no comments to the press about the murder. Malcolm X, however, did comment by saying that "the chickens had come home to roost." For this disobedience, Mr. Muhammad silenced Malcolm for a month in December, 1963.[17] Malcolm felt that this incident was only an excuse to get rid of him and that Mr. Muhammad did not intend to restore him.

A gradually widening rift between the Messenger and his chief minister followed. Malcolm was not present for their assembly the following February; [18] in March, 1964, he broke with Mr. Muhammad.[19] Some of the New York Muslims left with him to found the Organization of Afro-American Unity. In order to validate his Muslim credentials, and, he hoped, to realign his own life and movement, he made a pilgrimage to Mecca and later toured parts of Africa.[20] When he returned to New York, his doctrinal emphasis changed somewhat; and he attacked Mr. Muhammad even more vigorously. Then on February 21, 1965, as he rose to make a speech in the Audubon Ballroom in New York City, he was shot to death in one of the dramatic murders of the 1960s.[21] The next evening Black Muslim Mosque #7 in

[17] *Ibid.*, December 5, 1963, p. 22.
[18] *Ibid.*, February 27, 1964, p. 23.
[19] *Ibid.*, March 9, 1964, p. 1.
[20] Malcolm X, *op. cit.*, p. 419.
[21] The *New York Times*, February 22, 1965, p. 1.

Manhattan was fire-bombed.[22] As a result of what seemed like open warfare, Muslim mosques everywhere were put under police guard. Especially intense security precautions were taken by the police and the FBI for the Savior's Day Celebration in Chicago on February 26th. Only about 3,000 people—half the usual number—attended the meeting.[23]

The feud with Malcolm X retarded the growth of the movement in that it shook the confidence of some within the organization and repelled potential converts. Since 1965, Black Muslims have sought to heal their own wounds and re-establish lost confidence within the black community. Their preoccupation with this has made them seemingly less concerned than ever about dialogue with the white community.

## BASIC BELIEFS OF BLACK MUSLIMS

According to Black Muslim literature, America's "so-called Negroes" are in reality the Lost Nation of Islam in North America. They have recently been found and a Messenger (Elijah Muhammad) has been sent to prepare them for their day of destiny. Blacks are really the Israel of the Bible; all of God's promises are addressed to them rather than to the Jewish Israel. Hope, therefore, pervades the movement—hope which originates with God rather than with man.

There is one God (not three) and his name is Allah. He was incarnated in the person of Wallace D. Fard.[24] All black men represent Allah, or at least participate in him, for all black men are Divine. The black man is the progenitor of all that exists. Allah is the Supreme Black Man.

The original man is the black man, the first and the last. He coexists with the creation of the earth. He is Muslim, whether he knows it or not. Forgiveness comes to those (black men) who return to their kind, namely, to Black Muslims. The black man must maintain a high moral life-style appropriate to his divinity, for he is the true, realistic ruler of the earth. Black people are the Lost Sheep, the Prodigal Sons; ultimately they will be given the Kingdom.[25]

Elijah Muhammad comes directly from God and is guided by God. He, not Jesus nor the Muhammad of "Old Islam," is the Messenger, the Door. All of the Old Testament promises about the Messiah refer to Elijah Muhammad. He is the Good Shepherd.[26]

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[22] Malcolm X, *op. cit.*, p. 441.

[23] *Ibid.*, p. 448.

[24] *Muhammad Speaks*, a weekly newspaper published in Chicago by Muhammad's Mosque No. Two, "What Muslims Believe," November 3, 1972, back page.

[25] Bernard Cushmeer, *This Is the One* (Phoenix: Truth Publications, 1970) p. 127.

[26] *Ibid.*, pp. 115, 131.

The Devil is the white man, who has been in existence only 6,000 years—created out of weak black men by Yakub, a black scientist who rebelled against Allah. The Devil was given 6,000 years to rule the earth. Although his time to rule ended in 1914, a period of grace (74 years) has extended his rule to 1988. Then the Black Nation will take its place as the ruler of the Universe. The white man cannot accept Islam because he is a Devil who is doomed. It follows logically that integration would be useless and dangerous, since the white man is the open enemy of the black man and cannot be trusted.

Christianity is the white man's religion, which is used to keep black men down. Moses and Jesus are prophets, but their lives and teachings have been twisted to fit the Devil's purposes.

Black Muslims are not Americans and own no allegiance to the flag nor obligation to serve in the Armed Forces. This is not their land, because there is no justice or equality here.[27]

What, if any, are the differences between the beliefs of the Black Muslims and those of the Moslems of Africa and Asia? Muslims do not believe in the brotherhood of all men, nor do they believe in a life after death. They are also different from the "Old Islam" in that they reject the unique divinity of Allah and think of themselves as the owners of the earth. Both groups accept the Koran as authoritative and other Scriptures as helpful.

The goal of the Muslims is *separation* in all areas of life. They disparage the blue-eyed Devil and his culture, while at the same time repudiating the "Negro" identity, which they dislike. They want all black people to unite under the Nation of Islam, to become separated from whites. They have already attained religious separation. Non-blacks are not allowed in their mosques. Although they must still work with and associate somewhat with whites, they believe that total social separation is coming. On an economic level, they are building black businesses and encouraging their people to buy black, preferably Black Muslim. Geographically, they want a separate state or states in this country or elsewhere—provided by their former white slave masters.[28]

## RELATING TO BLACK MUSLIMS

Chaplains constantly work with and serve persons who adhere to faiths other than their own. If anyone, therefore, can relate easily and well to the Black Muslim soldier—or to the potential Black Muslim soldier—it should be the military chaplain.

There is a wise old proverb which says that one can catch more

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[27] *Muhammad Speaks, loc. cit.*
[28] *Ibid.*, "What Muslims Want."

flies with honey than with vinegar. This proverb is often applied by chaplains when working with anyone whose life-style and ideas differ from their own. At some point in ministering to Black Muslims, it would certainly be appropriate honestly and openly to recognize the positive achievements of the Black Muslim religion in the lives of their people. Two areas in particular stand out, namely, their drug addiction program and their strict, character-building way of life. Duty, honor and self-discipline—these virtues are part of the human self-development programs of both the Black Muslim religion and the Army Chaplaincy. A real point of contact exists, even though the programs are obviously different. And that point of contact may be the most important point of entry for the chaplain to use in encouraging the Black Muslim soldier to develop a quality life.

One of the basic rules of relating to persons of other faiths is to understand and help them right now, if possible, where *they* are as individual real persons rather than as deductions from stereotypes. This is particularly important in serving Black Muslims. The chaplain who shows in word and deed that he is intensely compassionate and sincerely interested in helping Black Muslim soldiers—as well as soldiers of *every* race, creed or national origin, no matter how much they may differ from the chaplain—will thereby do much to encourage them to rethink the implications of the doctrine of the *brotherhood* of all men.

Malcolm X, probably the most effective of all Black Muslim ministers, left the Black Muslim religion when his horizons were broadened to include the concept of brotherhood. In less than a year he lost his life. The new organization which he founded was one "whose ultimate objective was to help create a society in which there could exist honest white-black brotherhood. . . ." [29] Black Muslims are people—not sociological or religious abstractions—and thinking people seldom stay permanently on dead center. They change, for better or for worse. Helping people to think, helping them to focus on real issues and to clarify these issues in their own minds, is one of the great challenges of the chaplaincy.

In helping the Black Muslim soldier, the chaplain, of course, must maintain his own integrity. He is endorsed for ministry in the military by a specific denomination. He has a faith by which he lives, and the best way to keep the faith is to share the faith. The soldier in his unit who differs with him—be he Black Muslim, atheist, Protestant, Catholic or Jew—should be a better man because he has known and shared ideas with a man of faith, whether the soldier ultimately accepts or rejects that faith.

[29] Malcolm X, *op. cit.*, p. 381.

# RACISM AND THE CHAPLAINCY

Chaplain (MAJ) George W. Alexander

Race relations have changed in the Army and this conference reflects some of these changes. In the past, few chaplain conference agendas included race as an issue for discussion. When it did appear, black chaplains were largely the speakers. But this week it has been discussed frequently, and white chaplains have initiated the dialogue. Good things are happening here just as they are throughout the Army and in our chapels. Although some of the progress has grown out of past plans, much of it is new. It should be seen and grasped as our opportunity to make community life better.

One illustration of this change is found in the number of persons assigned to EEO efforts. When I arrived at DA in July, 1971, one officer, a lieutenant colonel, was responsible for everything in the equal employment field. He did an outstanding job, but he has been replaced by an entire directorate composed of Italians, Puerto Ricans, French Canadians, Mexicans and blacks. This directorate seeks to develop ways to suggest, encourage and support positive actions. It has had an impact on us in three ways:

1. It articulates the concept of and responsibility for designing and executing affirmative action plans. Department of Army agencies, major commands and brigades have developed plans to improve EEO and race relations in their areas of responsibility. For some these plans are merely paper exercises, but for others they are opportunities for positive programs.

2. It has requested that other DA agencies and commands develop compliance monitoring systems. In this way progress can be assessed, plans changed and continuing concern expressed.

3. It has also launched an education program. Through the Defense Race Relations Institute and classes conducted at Fort Benning, individual servicemen become qualified to assist local command training efforts.

Chaplains have also been active. This year Dr. Martin Luther King's birthday was celebrated by more units than ever before. In addition, a number of black choirs have participated in chapel services and black guest speakers have appeared. Using a variety of approaches, people are trying to initiate new and exciting ways of responding to the needs and the requirements

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Chaplain Alexander is assigned to the Plans, Programs and Policies Directorate of the Office of the Chief of Chaplains. This speech was presented at the Chief of Chaplains' Pastors' Conference in St. Louis on March 22, 1973.

of making our posts and our religious life truly pluralistic.

In all of this, however, some people see real progress, whereas others do not. For example, in September at a Race Relations Conference, the Equal Opportunities people and many of the installation personnel looked at all the activity of DA and said, "Well, maybe that's going to be good, but we'll wait and see what affirmative action comes out of the affirmative action plans." In terms of chaplains, they were very specific and very clear: chaplains are just as they've always been—obstacles to progress in race relations, and supporters of the status quo.

There were few laudatory comments about chapel activities. I can recall one man who talked about the race relations seminars which he had attended back on his post. He stated that every person in the command had been there except the chaplain. One day the chaplain was asked to come, and he did. In fact, two chaplains came. But in the midst of the discussion about real feelings, etc., someone mentioned that God was black. One of the chaplains said, "Oh, gee," and began to talk about the theological and biblical truth which he held and which he felt denied the blackness of God. The other chaplain questioned whether this was the best approach to take and they spent the time talking about that matter, as opposed to responding to the kinds of feelings that were being generated in the group. This is one instance of why local equal opportunity personnel have had pretty strong feelings about the lack of personnel and program support from chaplains.

At that same conference, however, commanders looked upon chaplain support a little differently. Commanders felt that chaplains were being very supportive. And they had some questions about some of DA's activities in terms of generating productive programs which are helpful to the community.

As chaplains and as individuals, we respond differently to these activities. The emphasis on behavioral change troubles those who feel that attitudes and values are most important, whereas others feel that they have been replaced as the experts on human matters and community life. Ultimately, our feelings and our perceptions influence the extent of our cooperation and our enthusiasm for race relations programs in general. Today, therefore, I want to deal with a basic concept which is cited by the government, academicians and churchmen as the crucial problem. As we develop an intellectual appreciation for and an emotional awareness of this concept, we might gain insight into the crucial role churchmen can and must play.

## RACISM

The concept of racism is very theoretical, and I would like to

analyze it briefly. Racism is a value system which stimulates, justifies and perpetuates discriminating activity. "In the Army, as in the rest of our society, what happens to black, brown, yellow and red people is consistently different from what happens to white people and that difference is consistently to the minority group's disadvantage." [1]

We can talk about racism as the actions of an individual. In that sense we call it individual racism. Or we can talk about it as a system, an organizational phenomenon, and we call it institutional racism. Racism differs from bigotry and prejudice in three ways.

First, racism is concerned only with race. Bigotry and prejudice refer to areas other than race as well.

Second, racism includes power—the capacity to compel allegiance and conformity to prejudicial values. This is why minority group people cannot accurately be termed racists. They really don't have much institutional power. And where they do possess it, it is discharged in institutionally sanctioned ways. Of course, this does not mean that minority group people are without prejudice or bigotry. It does illustrate the impact economic and political power have on social norms and social systems. Our problem is the phenomenon which is totally tied up with American society—white racism. Unfortunately, this term is avoided. Many people seeking to preclude the defensiveness and hostility the term *white racism* stimulates, have substituted the term *institutional discrimination.* But because these feelings are generated—and since feelings are a part of the phenomena with which we must deal—we must face the issue squarely, and recognize it where we work.

Racism also differs from bigotry and prejudice by including deliberate kinds of actions as well as unintentional kinds of things. It includes planned ostracism, routine processes and perpetuated habits. In essence, racism is a value system woven into the conscious and unconscious fabric of American life.

## INSTITUTIONAL RACISM

These theoretical concepts have significance only as they relate to our capability of doing something about racism. If we recognize that institutional racism exists, we can look for the phenomenon. We can actually look at an organization and see the impact of racism.[2] By simply asking certain questions, you can discover

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[1] "Improving Race Relations in the Army." (McLean, Virginia: Human Sciences Research, Inc., Oct. 1972) p. 17.

[2] Robert W. Terry in his book, *For Whites Only* (Grand Rapids: Wm. B. Eerdmans, 1970) offers some suggested questions in his "Inventory of Racism"—pages 100–104. (See Book Review section.)

what is happening to minority group people. Pursue these same questions and phrase some additional ones and you will note the impact of racism on white people too. The impact on minority group people is easier to see and therefore more often addressed. But both must be understood and dealt with if programs are to be successful. Perhaps this has been the most staggering lesson of the 70s—blacks arrived with a pride and a thirst for a new day but we could not be reconciled with whites who had not changed or dreamed of new possibilities. We grew in action and reflection while most whites merely reacted. The Army has felt this identity surge; fortunately it has also attempted to become proactive.

It is not necessary to make judgments about the organization you examine. Racism is a rather common and normal phenomenon. But look for it, and based on what you see, you can develop positive and helpful plans. This has been the experience of several institutions which have taken this inward look. They have discovered discrepancies which had long been apparent to those hurt by them. The most common and clear finding has been that minority group people are situated at the bottom of the job scale. They are there primarily because no one else wants to be there and because it is socially difficult to perceive them in other positions.

Look at our NCO ranks—they are loaded with minority group people simply because a few years ago it was a real option for minority group people. Blacks could make it in the Army, so they stayed. Somewhere along the line our society decided to open up; it made available opportunities of education and training so that minority group people could make this choice. However, this is another area which deserves close scrutiny. Historically, minority group people enter those vocations which are no longer sought by white Americans. Many institutions, just like the Army, have discovered that employment patterns provide a clear picture of racism.

Look at our group of chaplains here in St. Louis today. Although 15% of Protestants are black, I can count on three fingers the blacks in this group. That is because of the phenomenon of racism. I'm sure most of us here would not exclude blacks on purpose. So we can say that is an unintentional form of racism. Perhaps it is now—it has not always been so in the past. We set up standards and said, "This is what it means to be a clergyman." We pride ourselves on saying,"If you've got these kinds of skills, this kind of education, you can do the work of a clergyman." Who made that decision? People who were white

and who had attended institutions that provided that kind of training. That is the legacy with which we work.[3]

The same problem exists with chaplains' assistants. Do you realize that only 6% of our chaplains' assistants are black? How does that happen? In the Army 15–16% of the EM are black. But take a look at any chaplain's office in terms of assistants and civilian secretaries. Just look around. Where are minority group people? We are pretty accustomed to looking at life the way it has always been for us, and there is not much we can do about that except to be who we are. That is what racism is about—being who we are and using our power and authority in such a way that says that all other people must be like us. Effective planning and programing must respond to these kinds of realities, to institutional racism.

## PERSONAL RACISM

We can ask the same kinds of questions as we look at personal racism. Take a look at chapel bulletins—especially the order of worship. Compare it with civilian denominational bulletins. What is the source of the liturgical style and theological outlook? The source is white, not black—majority, not minority.

Examine how minority group chaplains are assigned. Historically, you will note a similarity which conveys individual understandings of who minority group people are and what they can do best.

Note activities which are designed to facilitate racial understanding or to relate to minority group people. Persistently, these efforts embrace perspectives best termed paternalistic.

Clearly, most people have long ago discarded prejudice based on rational arguments and to a great extent those hangups associated with feelings. But it would be a mistake to overestimate our personal readiness for pluralism and to underestimate the impact of our society on our personal values and behavior. We have been brought up in a culture which taught us to be suspicious of the morality, the capabilities, the color and the humanity of nonwhites; it would be naive to assume that our values and habits were not greatly affected by this experience. We are not yesterday's bigots but few would qualify as today's antiracists.

The concept of personal racism includes unintentional discrimination as well as planned ostracism. Both are equally damaging to others and require personal soul searching. Not one of us can

[3] Changing standards at this point in history generates other kinds of problems, and conflicts with Army race relations principles. But positive recruiting programs must recognize that the absence of minority group people is a function of past planning.

speak from a platform of righteousness; not one of us, however, can fail to examine the impact of yesterday on our present behavior. Many who have done this have discovered how to make their behavior correspond to their genuine desire for brotherhood.

While I don't encourage you to look for the purpose of condemning, I implore you to risk introspection for personal liberation. We churchmen have spoken of sin, and now social scientists have provided in the term *racism* a fresh glimpse of it. Understand it and deal with it, for it is the prerequisite for successful race relations programs and intercultural communication.

I think that as we ponder the concept of racism and then look around in the environment in which we work and live, we can immediately say to ourselves that there is nothing we can do alone about racism. It requires—in addition to personal soul searching—decisive planning and lay participation. In these ways we can say, and we must say, that racism cannot and will not continue.

Of course, ending racism is only one aspect of race relations and equal opportunity programs. It involves stopping things which need to be stopped. The whole DA staff which I described earlier is working toward stopping those things. Any secular humanist is concerned with stopping those things which hurt people, but we as chaplains have additional kinds of options to do so. And one of those options is building a community which supports all kinds of people and which enables people to know God in their own way.

## RELIGIOUS PROGRAMING

We are not just concerned with ending racism. We are concerned with providing on all installations a religious program which makes clear to all that God is so real that people—all children of God—can be with each other and can be different.

We must understand that racial harmony is furthered and human dignity is affirmed by programing which recognizes the authority and wisdom of resources which come from various cultural and racial traditions. While an individual chaplain naturally affirms his own background and values, his traditions are not obligatory standards for all people. Instead, servicemen must be enabled to reaffirm their own history and understand the diverse legacies which testify to the efficacy of faith and the catholicity of chapel programing. Such programing has an impact on every phase of chaplain activity—Religious Services and Education, Pastoral Concerns, Human Self-Development, Administration and Management, Professional Development, Man-

power and Procurement, and Research and Development. Each of these areas includes conceptualizations and social acts which are properly a concern of various traditions. Through integrating these traditions in each phase of chaplain programing, the harmful effects of racism are reduced and the possibilities of personal and community integrity enhanced.

## A PERSONAL NOTE

I wish I had the power to make everyone here black. Then you would know a God who walks with people when they hurt. You would know a God who helps people face the fact that most other people really don't care. You would talk with people about a God who never leaves. You would talk with people about a God who doesn't say, "This is spiritual, that is political. This is sacred, that is secular." You would talk about a God who walks with them and does whatever is necessary. And in the end, even if you have failed, you would rejoice, because God is real and you are His people.

The beauty of all this is that I don't *need* to make you all black.[4] I can't give you that blessing. God has chosen another way. That means that God provides other blessings with different responsibilities. Celebrate who you are and seek to do what you can—to do justice, to testify to the specificity of God's love, and to cement brotherly regard. God is God and we are His children. Our work is not easy. We cannot do it alone; we cannot do it without God. But we have a ministry of reconciliation founded on justice which we can deal with. I thank God for it.

[4] "Being black in America has very little to do with skin color. To be black means that your heart, your soul, your mind and body are where the dispossessed are. . . . Therefore being reconciled to God does not mean that one's skin is physically Black. It essentially depends on the color of your heart, soul, and mind." James Cone, *Black Theology and Black Power* (New York: The Seabury Press, Inc., 1969) p. 151.

# *BOOK REVIEWS*

## FOR WHITES ONLY

Robert W. Terry
Grand Rapids: Wm. B. Eerdmans Publishing Co., 1970

In a survey of black chaplains and their wives conducted by the US Army Chaplain Board, the ladies were asked what discomforts they had experienced in being minority chaplain wives. One of them responded, "Being classified as a minority chaplain's wife." Was it a case of our racism showing or of that sharp lady being too sensitive? *For Whites Only* is an exceptionally useful book which can help to answer such questions. Just out in its 1973 printing, it is meet for anyone seriously concerned with doing something about our confusing, frustrating social problems. It is also marvelous material for the person who simply wants to talk about the subject. That both of the above can be socially creative or the reverse is just one of the many insights found in the Rev. Dr. Terry's work. Very evidently what is written here is not the mere fruit of bookish research but of hard confrontation and negotiation with real live people. It is a call for a third force of "New Whites" who accept their racism, who understand the relationship between norms, power and structure, and who believe in and participate in attempts at social change.

Labeling this group with what sounds like a leftish title is a very minor weakness—as Terry seems to admit in his addendum. The kind of open-spirited people he is encouraging are neither new (in the sense that there haven't been any around) nor white in any sense acceptable in this context. Fortunately the new whites are not set out as heroic knights of justice but rather as seekers after a grail from which all can drink. This is no master plan for the solution of the race problem(s), and happily it focuses narrowly on people of fair skin and their hang-ups. So if you finish the book with the impression that the author should have dealt more with attitudes among those of darker complexion, you had better read some of it again, because your racism is showing.

Chaplain (COL) Bertram C. Gilbert

## HERALDS OF GOD
(And Three Other Books)

James S. Stewart
Grand Rapids: Baker, 1972 (Reprints)

There is a definite rustling in the mulberry trees of homilet-

ics these days. A little package of goodies from Baker Book House could strengthen that stirring in some of our chapel pulpits. For twenty cents less than ten dollars Baker has reprinted four books by James S. Stewart, erstwhile Chaplain to the Queen of Scotland and now Professor Emeritus of the University of Edinburgh. Two books, *Heralds of God* and *A Faith to Proclaim,* are lectures on homiletics, delivered at the University of Edinburgh and at Yale University (Lyman Beecher Lectures, 1952). Two other books, *The Gates of New Life* and *The Strong Name,* are books of sermons which prove that here is at least one preacher who practices what he lectures.

In view of this year's Key 73 emphasis upon evangelism, Stewart's two books on homiletics complement each other and could be most helpful. *Heralds of God* deals with the technical aspects of sermon construction and delivery, while *A Faith to Proclaim* focuses on "the essential message of our evangelism rather than on its manner or its method." You will be surprised by their contemporary flavor, and you will feel a sense of urgency to apply their truths in your own place of witness. Stewart's own conviction of the continuing need for proclamation through preaching is shown in the closing paragraph of *Heralds of God:*

> I pray that God will mightily bless your ministry. May he fulfil and verify in your experience those words which stand in the enactments of Leviticus, but which surely mean far more for you today than the writer of any code in Israel could ever comprehend: "THE FIRE SHALL EVER BE BURNING UPON THE ALTAR: IT SHALL NEVER GO OUT."

These helpful books are recommended for chaplains—that the fire may burn more brightly and warmly on our chapel altars.

Chaplain (LTC) Clinton E. Browne

## THE SEVEN LAST WORDS OF THE CHURCH

Ralph Neighbour
Grand Rapids: Zondervan, 1973

The number of books on church renewal and parish development is rapidly growing; it is obvious that there is excitement in the lives of some congregations as a result of this fervor. Thus far, however, it seems to be basically a Protestant phenomenon. Few "practical" writings have come out of the Roman Catholic tradition, though that church is well represented from the theological and theoretical perspective.

Among Protestants the major effort has been from a liberal

stance, using the findings of organizational and personal behavior. Increasingly, however, more conservative Protestants have begun to speak the language of parish renewal; *Christianity Today* in its 1973 Book Issue mentioned five new works on the subject—all written from a conservative perspective.

A particularly exciting volume is Ralph Neighbour's *The Seven Last Words of the Church,* or *We Never Tried It That Way Before.* The author, a Southern Baptist minister who has great hope for the church, describes the development of Houston's West Memorial Baptist Church and his personal relationship with the congregation.

Beginning with a small group of people committed to a new Baptist congregation, Neighbour immediately began to talk to them about a personal life of worship and training which would result in service to others. When it became obvious that the church was not to have traditional Baptist structures, some early adherents left while other people joined. West Memorial, committed to a life of witness and outreach, consciously chose not to build extensive property but to use facilities already available.

The most important aspects of the congregation's life related to personal commitment and discipline, somewhat similar to that of Washington's Church of the Savior. This commitment expressed itself in the outreach ministry known as TOUCH—Transforming Others Under Christ's Hand. Through this endeavor lay people expressed their personal concern for their community, and the congregation became known as "the people who care."

The story of this congregation is not always happy; in fact, at times it is quite sad and even depressing. It is always exciting, though, to see the work of God's Spirit in the lives of His people. Chaplains and lay people alike can benefit by reading this work. It could be used as a study book by men's or women's groups in any of our chapel congregations.

Chaplain (MAJ) Billy W. Libby

## THE LETTER AND THE SPIRIT

Rabbi Robert Kahn
Waco, Texas: Word Books, 1972

This compact little work embraces topics which are of major concern in the modern world. The good rabbi draws striking parallels between the principles and spirit of Jewish laws on the one hand and methods of dealing with contemporary ethical

issues on the other. These issues include unfair business practices, sexual relationships, crime and the courts, and charity and welfare. He shows how to extract general principles from specific biblical laws and apply them to modern situations.

One such example is his chapter on the ethics of sex, in which he shows that even today, in the middle of the "Sexual Revolution," the Bible still holds a three-fold message for those who would aspire to that which is noble and sublime. First, there exists a principle of self-restraint, applied to all of man's appetite, which elevates man above the animalistic. Second, women must be protected from the unbridled lust of men. Women are persons of high value who are not merely to be "used" by men for their own sexual satisfaction. Third, the strengthening of marriage and the family must be maintained and emphasized. The Bible proclaims that man cannot be defined in purely physical dimensions; man is spiritual as well. He is a creature of the Divine—and an understanding of Scriptural ethics will help him to remain what he *is* by virtue of his creation.

The book is skillfully written and contains excellent material for both clergymen and laymen. It is a welcome addition to the thinking man's library.

Chaplain (LTC) Allan M. Blustein

## MAKING IT TO ADULTHOOD

Arthur J. De Jong
Philadelphia: Westminister Press, 1972

Chaplains regularly counsel soldiers who might best be described as marginal (see Chaplain Reed's article in this issue). The pall of self-doubt and guilt under which such soldiers live is not easily lifted; it is made heavy with their feelings of being unwanted, ashamed and worthless. Thus, the road they travel to adulthood is long and difficult. Some seem never to arrive at the destination.

Arthur J. De Jong's book is an excellent map which soldiers can use (individually or in groups) to find the way. It charts, from the perspective of developmental psychology, the tasks they must accomplish to become mature adults. Specifically, it discusses the process of identity formation and diffusion; the struggle involved in becoming independent from parents; the moods, feelings and defenses of adolescence and adulthood; dating; developing both a sex ethic and self-esteem; and marriage. "In deciding on what positions to take on the issues he faces, the adolescent cannot rely on simple conformity or reaction. Rather, he must move in the direction of adult responsibility and make

decisions on the basis of the kind of person he wishes to be and the kind of world he wishes to have." (p. 92)

*Making It To Adulthood* complements the recently published DA Pam 165–6–1 (Manhood) and can be used by chaplains in their Human Self-Development Program. The book was written for persons eighteen to twenty-two years of age and encourages the process of sharing values and experiences. In addition it discusses the pros and cons of some of the value positions which they may take.

In fostering *spiritual* growth in soldiers, however, many chaplains will want to move beyond developmental psychology. In their *total* ministries, Christian chaplains will be eager to encourage soldiers to make responsible decisions on the basis of the kind of person God—in the person of Jesus Christ—wants them to be.

Chaplain (LTC) John J. Hoogland

An oil portrait was recently unveiled showing Chaplain (LTC) Theodore R. Owens, Jr., first black airborne chaplain. He and Mrs. Owens were guests at a special luncheon hosted by Chaplain Hyatt. Also in the picture is Chaplain Bertram C. Gilbert, President of the Chaplain Board, which is producing a film on religion and the black soldier.

● Chaplain (Major General) Gerhardt W. Hyatt was presented the 1973 Golden Rule Award of the St. George Association by the New York City Police Department. Last year COL James B. Irwin received the Award on behalf of the Apollo 15 moon trip crew. Previous recipients have been Governor Nelson Rockefeller, Dr. Henry Pitney Van Dusen, Dr. Ralph Sockman, Billy Graham, Bob Hope, Francis Cardinal Spellman, COL Edward Carey, J. Edgar Hoover and Allen Dulles.

● Chaplain (LTC) Roland F. Day was honored as Army Chaplain of the Year by the Alexander B. Goode-Ben Goldman Lodge of B'nai B'rith at the Waldorf-Astoria Hotel in New York City. He received a "Four Chaplains Award" which memorializes the chaplains who gave up their lives in the sinking of the transport *Dorchester* in WW II.

● Chaplain (COL) Le Trung Thinh, Catholic Chief of Chap-

lains and Chaplain (LTC) Duong Ky, Protestant Chief of Chaplains recently were in the United States with their deputies. They visited the three US Chiefs of Chaplains and were the guests of Chaplain Hyatt at a formal dinner which was attended by the South Vietnamese Ambassador to the U.S. In addition they visited Forts Carson and Benning, the three service academies and the US Army Chaplain School. They were accompanied by Chaplain (COL) John C. Siege.

● The US Army Chaplain School announced that 84 of 91 students in the Advanced Course have earned Master's Degrees from Long Island University—71 in Guidance and Counseling and 13 in Sociology. Most of the other students already had Master's Degrees or were working in other advanced degree programs. Twenty members of the staff are enrolled in the faculty enhancement program with New York Theological Seminary. The Master of Sacred Theology and Doctor of Ministry degrees are earned in this program.

● The theme of the 27th Annual Command Chaplains Conference, held in Washington on July 23–27, was "Pastoral Concerns for the Soldier in the '70s." Dr. Roger L. Shinn, Professor of Social Ethics at Union Theological Seminary in New York City, was a guest speaker. Dr. Shinn served in the 9th Armored Division in Germany during WW II and was captured following the Battle of the Bulge.

● The US Army Chaplain Board held a Chapel Facility Consultation on May 25, 1973. The discussion centered on 1) Building for People in Worship and Fellowship; 2) Building for People in Education; 3) Building for People in Administration and Social Outreach and 4) Building for People in Movement. Architects James L. Doom, Benjamin P. Elliott, William L. Gaudreau and Howard D. McAdam attended as consultants. Also attending were Chaplains (COL) William V. O'Connor, (COL) Bertram C. Gilbert, (COL) Daniel T. Saylor, (COL) Thomas K. Lightcap, (LTC) Clinton E. Browne and (MAJ) Bruce M. Williams.

● "The Test" (TF 16–4027), a Human Self-Development Program film produced for the chaplaincy, has been honored by its selection as a Blue Ribbon Nominee in the 1973 American Film Festival. It deals with principles by which persons can come to terms with contemporary problems.

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